DISRUPTION IN THE CLASSROOM:
PREVENTION, RESPONSE AND RESTORATION

Marianne Dubitsky
B.A., University of California, Davis, 2002
M.A., California State University, Sacramento, 2009

Cynthia Quintero
B.S., University of Arizona, Tucson, 1986
M.C., Arizona State University, Tempe, 2000
M.A., California State University, Sacramento, 2009

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DISRUPTION IN THE CLASSROOM:
PREVENTION, RESPONSE AND RESTORATION

A Project

by

Marianne Dubitsky
Cynthia Quintero

Approved by:

____________________________________, Committee Chair
Leslie Cooley, Ph.D.

______________________________
Date
Students: Marianne Dubitsky  
Cynthia Quintero

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_________________________________________ Graduate Coordinator  
Bruce Ostertag, Ed.D.  

_________________________________________  Date  

Department of Special Education, Rehabilitation,  
School Psychology, and Deaf Studies
Abstract

of

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Children who exhibit explosive, dangerous, or noncompliant behavior present a difficult challenge to school personnel (Smallwood, 2003). Teachers who lack the ability to cope with disruptive behavior or with a student in crisis may perceive themselves as unsuccessful, resulting in stress and, in extreme cases, teacher burnout and turnover. Furthermore, teachers express lower levels of competence and job satisfaction when working with disruptive children. Research supports empirically validated classroom interventions that teachers can utilize to create an optimal learning environment and a site-specific plan to address behavioral challenges. This project addresses the training needs of teachers who work with disruptive students. The training module is research-based highlighting the prevention and intervention of disruptive classroom behavior. The module is a guide for teachers in the creation of a personalized prevention and intervention plan.

This project was accomplished through the collaborative efforts of both authors. Related studies were researched, examined, and organized to support the project. During the writing process, drafts of individual chapters were prepared by a primary author.
Chapters were then reviewed, edited and revised by both authors. The training module (Appendix A) was created in collaboration by both authors.

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________________________________, Committee Chair
Leslie Cooley, Ph.D.

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# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Acknowledgements</th>
<th>vi</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Chapter</strong></td>
<td></td>
</tr>
<tr>
<td>1. INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Statement of Collaboration</td>
<td>2</td>
</tr>
<tr>
<td>Background</td>
<td>2</td>
</tr>
<tr>
<td>Statement of the Research Problem</td>
<td>3</td>
</tr>
<tr>
<td>Purpose of the Study</td>
<td>4</td>
</tr>
<tr>
<td>Theoretical Framework</td>
<td>4</td>
</tr>
<tr>
<td>Definition of Terms</td>
<td>5</td>
</tr>
<tr>
<td>Assumptions</td>
<td>8</td>
</tr>
<tr>
<td>Justifications</td>
<td>9</td>
</tr>
<tr>
<td>Limitations</td>
<td>9</td>
</tr>
<tr>
<td>2. REVIEW OF RELATED LITERATURE</td>
<td>11</td>
</tr>
<tr>
<td>Disruption in the Classroom: A Teacher’s Challenge</td>
<td>11</td>
</tr>
<tr>
<td>Mental Health of School-Age Children</td>
<td>12</td>
</tr>
<tr>
<td>Common Childhood Mental Disorders</td>
<td>14</td>
</tr>
<tr>
<td>Socioeconomic Considerations</td>
<td>16</td>
</tr>
<tr>
<td>Educational Implications</td>
<td>16</td>
</tr>
<tr>
<td>A Model of Prevention, Intervention, and Reintegration for Disruptive Behavior</td>
<td>17</td>
</tr>
</tbody>
</table>
Conclusion .................................................................................................................. 36

3. METHODS ............................................................................................................. 38

4. FINDINGS ............................................................................................................. 40

Appendix A: Disruption in the Classroom Training Module for Teachers .............. 43

Appendix B: Facilitator’s Guide ............................................................................. 75

Appendix C: Participant Activities and Handouts ......................................................... 92

References .................................................................................................................. 101
Chapter 1

INTRODUCTION

Children who exhibit explosive or noncompliant behavior present a difficult challenge to school personnel and parents (Smallwood, 2003). According to a 2000 Surgeon General Report on Children’s Mental Health, a high rate of stability of disorders exists, especially for externalizing disorders that include disruptive behaviors and more aggressive kinds of behavioral problems.

Approximately 15 million children and adolescents in the United States have mental health problems that are interfering with their functioning at home and at school (Melnyk, et al., 2009). Key findings from the 2008 National Health Interview Survey conducted by the Centers of Disease Control/National Center for Health Statistics (CDC/NCHS) reported that 15% of age 4-7 year-old U.S. children had parents who talked to a health care provider or school staff member about their child’s emotional or behavioral difficulties. The CDC/NCHS found approximately 5% of children were prescribed medication for difficulties with emotions or behavior. A large majority of these children (89%) were prescribed medication for difficulties with concentration, hyperactivity, or impulsivity, hallmark symptoms of Attention-deficit/Hyperactivity Disorder (ADHD). A substantial proportion of children referred to clinics with ADHD also have Oppositional Defiant Disorder or Conduct Disorder with a higher prevalence of Mood Disorders, Anxiety Disorders, and Learning Disorders (American Psychiatric Association, 2000).

The impact of poverty has been shown to influence behavioral maladjustment. A 2008 study found that lower socioeconomic status is related to depression in children, with the poorest children having up to three times more depressive disorders than affluent
children (Huberty, 2008). The National Center for Children in Poverty at Columbia University estimates that 21 percent of low-income children and adolescents ages 6 through 17 have mental health problems with Latino children among the least likely to receive services (Hardy, 2008).

Statement of Collaboration

This project was accomplished through the collaborative efforts of both authors. Related studies were researched, examined, and organized to support the project. During the writing process, drafts of individual chapters were prepared by a primary author, sharing equally the primary authorship. Chapters were then reviewed, edited and revised by both authors. The training module (Appendix A) was created in collaboration by both authors.

Background

Today, teachers are finding an increasing number of students in their classroom with behavioral and emotional problems (Smallwood, 2003). In the classroom, disruptive behavior problems contribute to loss of instructional time, undermining the integrity of the learning environment, and interfering with children’s academic outcomes. Educators who are poorly trained may respond to student behavior that does not meet their expectations in a reactive, negative, and harsh manner (Osher et al., 2008). Negative teacher responses may increase the frequency and intensity of problematic student behavior. Teachers who lack the ability to cope with student misbehavior may perceive themselves as unsuccessful, resulting in stress and in extreme cases, teacher burnout (Stoughton, 2007). Furthermore, in a study of teacher-child relationships, teachers expressed more anger and helplessness concerning the child they perceived as most
disruptive in their class, relating to low levels of competence and job satisfaction (Split & Koomen, 2009). Most teachers report feeling inadequately prepared to address student behavior problems and welcome training that address this issue (California Department of Education, 2000).

A training module was developed by the authors to improve classroom teacher preparation for responding to disruptive behaviors. This module is strength-based and has three aspects: (a) applying proactive, universal strategies to build a positive classroom environment, (b) creating a structured plan of response to disruptive behavior, and (c) restoring the classroom environment after an emotional outburst or crisis.

This researched-based intervention model will serve as a guide for teachers in establishing a well-structured plan tailored to fit the needs of their classroom. Through the process of planning and implementing a response plan, teachers benefit from the support of their school psychologist. Through in-school service meetings at their school sites, school psychologists can provide information on common childhood mental disorders, identify the latest research-based interventions to problem behaviors, and help teachers create an individualized plan of prevention and intervention. In addition, school psychologists can provide individual consultation to teachers to discuss the effectiveness of their plan. With support, teachers can gain a sense of control even through the most challenging of student behaviors.

Statement of the Research Problem

This project provides teachers with a model designed to guide the development of a strength-based classroom, the creation of a structured plan in response to disruptive behavior, and strategies in re-establishing the classroom community after an emotional outburst.
outburst. Finally, the model will also address the importance of de-briefing and or consultation for the teacher. The importance of this endeavor is emphasized by the research stating that teachers who lack the ability to cope with student misbehavior may perceive themselves as unsuccessful and expressed more anger and helplessness concerning the child they perceived as most disruptive in their class. Most teachers report feeling inadequately prepared to address student behavior problems and would welcome training that address this issue (California Department of Education, 2000). Interventions identified in this project are research-based specifically for teachers. The model can be tailored to address needs within the general and special education settings.

Purpose of the Study

The purpose of the project is to address a need for teacher training. Teachers do not receive adequate training for dealing with emotionally distraught and disruptive students. This project is a strength-based classroom intervention model to address the prevention and intervention of disruptive behavior. The model is supported by research-based approaches in establishing positive learning environments, creating a structured plan in response to disruptive behavior, and re-establishing the classroom environment after an emotional crisis. Teachers will be able to implement these interventions and make appropriate adjustments to best meet the needs of students with behavioral challenges.

Theoretical Framework

Proactive universal strategies to facilitate a strength-based classroom environment will provide the teacher with opportunities to build positive teacher-student relationships. Positive teacher-student relationships can function as a protective factor
that buffers children from the effects of known risk factors (Meehan, Hughes, & Cavell, 2003). The importance of establishing a positive relationship with children at-risk cannot be overly emphasized as these children are especially sensitive to teacher-child relationship quality, especially in the primary grades. Emotional support and closeness function as protective factors for children with behavior problems (Spilt & Koomen, 2009).

Although building a trusting and nurturing classroom community is the best way to prevent or minimize behavior disruption in the classroom, teachers need a well structured response to disruptive behavior, a procedure that will address warning signs of destructive behavior or emotional outbursts. Teachers must take care to stay ahead of an emotional outburst and respond appropriately to minor disruptive behavior (Smallwood, 2003). When preventative measures are unsuccessful, an established plan in response to aggressive or destructive behavior is crucial.

Following an incident in the classroom, it is important to return to the previous state of calm. Re-establishing the classroom environment helps students return to normal and successfully cope with a crisis (Brock, 1999). Positive behavioral interventions may help students successfully re-integrate into the classroom community, as well as prevent future behavior outbursts (Barbetta et al., 2005).

Definition of Terms

The following terms are found within the literature review. The definitions of these terms will assist the reader in gaining an improved understanding of the information presented in the literature review and the training module for teachers.
Anxiety

The central characteristic symptom of anxiety is worry, defined as an anticipatory cognitive process involving recurring thoughts related to possible threatening outcomes or negative consequences (Huberty, 2008).

Attention-deficit/Hyperactivity Disorder (ADHD)

ADHD is a neurobiological disorder marked by inattention, hyperactivity, and impulsivity (American Psychiatric Association, 2000).

Crisis Postvention

Crisis postvention refers to the steps taken following a psychological crisis to assist the child’s reintegration back into the classroom environment. Postvention may include psychological interventions and positive behavioral interventions.

Depression

Depression is a mental state characterized by a depressed mood, loss of interest, and low self-esteem. Signs of depression in young children may include irritability, uncooperativeness, apathy, and disinterest (Huberty, 2008).

Emotional Crisis

An emotional crisis refers to a severe emotional or behavioral outburst which the child cannot control that has been caused by overwhelming feelings such as anger, frustration, depression, anxiety, or fear. A child experiencing an emotional crisis may exhibit behaviors ranging from serious aggression or self-injury to uncontrollable crying or complete withdrawal.
Emotional Crisis Response

An emotional crisis response is a procedure that will allow responders to initiate an intervention for a person experiencing an emotional crisis (Dwyer, Osher, & Warger, 1998).

Emotional Meltdowns

An emotional meltdown refers to a strong emotional reaction, such as crying, yelling, or mild aggression, in response to a frustrating or challenging situation. An emotional meltdown may lead to an emotional crisis.

Externalizing Disorders

Psychological disorders characterized by serious behavioral impairments that negatively impact the lives of those affected, as well as their families and society. Such disorders include Oppositional Defiant Disorder, Conduct Disorder, and Attention-deficit/Hyperactivity Disorder (Singh & Waldman, 2010).

Functional Behavioral Assessment (FBA)

An FBA is a structured behavioral assessment used to determine the reason a student engages in behaviors and which actions may trigger those behaviors (Smallwood, 2003).

No Child Left Behind (NCLB)

NCLB is a federal initiative passed in 2002 which included higher standards for students and teachers, as well as accountability through the use of yearly progress assessments (Florell, 2007).
**Psychological First Aid**

Psychological first aid consists of step-by-step helping actions which attempt to reduce initial distress following a crisis and supporting a return to normal functioning. (Ruzek, et al., 2007).

**School Connectedness**

School connectedness refers to an academic environment in which students believe that adults in the school care about their learning and about them as individuals (Blum, 2005).

**Solution-Focused Brief Therapy (SFBT)**

SFBT is an approach to counseling which assumes that all students have some knowledge of the kinds of changes that would make their life better. It is also assumed that students already possess at least the minimal skills necessary to create solutions. The SFBT approach includes techniques such as finding exceptions, using strength-based language, a miracle question, and scaling (Metcalf, 1999).

**Strength-based Classroom**

A strength-based classroom is one in which a student feels empowered to use his or her strengths to improve weaknesses. Reinforcing a student’s strengths is an ongoing process of interaction between the student and teacher and allows students new avenues to gain attention and recognition (Cantwell, 2006; Melvin, Korthase, & Marquoit, 2005).

**Assumptions**

The development of this project is based on the assumption that a structured model for emotional crisis response will help teachers respond effectively to severe
emotional and behavior outbursts by students. This project also assumes that emotional crisis response is a missing component of crisis response preparation in the schools.

Justifications

Currently, there is abundant research regarding procedures for responding to external crisis events (such as a school shooting or a fire) and severe psychotic episodes in mental health facilities. However, few articles focus on emotional crisis events within the classroom setting. According to the California Department of Education (2000), many teachers report feeling inadequately prepared to address serious student behavior problems. Without adequate training in response to these behaviors, the teacher’s response may cause more harm than good (Osher et al., 2008). This project utilizes empirically based interventions and procedures for teacher response to and recovery from severe disruptive behaviors.

Limitations

This project was created based on current best practices of crisis response and classroom management. It pertains to those individuals working within the general education and special education setting, who do not typically receive training in severe behavior management. These school staff members may include teachers, instructional assistants, lunch or recess supervisors, and office staff. The emotional crisis response plan outlined in this project was created using empirical procedures used in non-public schools for students with severe emotional disorders and mental health facilities, and as well as in public schools. Information was gathered from a variety of sources and general guidelines were created based on those findings. Although the crisis response techniques
presented in this project are research-based, it is not guaranteed to work with all students in all crisis response situations.
Disruption In The Classroom: A Teacher’s Challenge

Dan is a first grade student at Edison Elementary with both academic and behavior problems. Although he has not met the classification criteria for special education eligibility, he does demonstrate high rates of off-task behavior and frequently argues with his teacher and other adults. One day during language arts, one of his peers, Samantha, got out of her seat to sharpen her pencil. Dan told Samantha very loudly that she was not supposed to get out of her seat. The teacher told Dan to mind his own business. Dan asked the teacher why Samantha could get up to sharpen her pencil but he could not do the same. The teacher said to Dan, “You need to copy the sentences from the board.” Dan pushed his desk forward, made faces and said, “I don’t want to!” The teacher walked up to Dan’s desk, grabbed his arms and pulled him up from the chair, looked straight into his eyes and said, “One more word out of your mouth and I will send you to the Behavior Room.” Dan said angrily, “I wish I was dead.” He looked like he was about to cry (Shukla-Mehta & Albin, 2003, p. 156).

Children who exhibit explosive or noncompliant behavior present a difficult challenge to school personnel and parents (Smallwood, 2003). Disruptive behavior problems contribute to loss of instructional time in the classroom, undermining the integrity of the learning environment, and interfering with children’s academic outcomes. In responding to episodes of outbursts or noncompliance, school staff is often unsure of which steps to take to defuse potentially dangerous situations and respond effectively to emerging crises. Educators who are poorly trained or supported may respond to student behavior that does not meet their expectations in a reactive, negative, and harsh manner (Osher et al., 2008). Such responses do not teach or model emotional regulation and may increase the frequency and intensity of problematic behavior. Teachers who lack the ability to cope with student misbehavior may perceive themselves as unsuccessful, resulting in stress and in extreme cases, teacher burnout (Stoughton, 2007). Furthermore,
in a study of teacher-child relationships, teachers expressed more anger and helplessness concerning the child they perceived as most disruptive in their class relating to low levels of competence and job satisfaction (Spilt & Koomen, 2009). Most teachers report feeling inadequately prepared to address student behavior problems and would welcome training that addresses this issue (California Department of Education, 2000).

Mental Health of School-Age Children

Prevalence

Socially and emotionally healthy young children communicate well, attend to adults, and play well with peers (Elliot, Roach, & Beddow, 2008). However, an increasing number of teachers encounter more children who exhibit persistent patterns of antisocial behavior such as noncompliance, defiance in response to teacher requests, aggression, cruelty toward peers, lying, stealing and cheating. Childhood and adolescent mental health issues cause pain and emotional distress, and may compromise a student’s chances for fully using his or her learning opportunities and for ultimately succeeding in school and later life (Repie, 2005). According to a 2000 Surgeon General Report on Children’s Mental Health, a high rate of stability of disorders exists, especially for externalizing disorders that include disruptive behaviors and more aggressive kinds of behavioral problems. Children exhibiting aggressive behavior are vulnerable to significant later maladjustment, including academic failure, substance abuse, delinquency, and are likely to experience maltreatment by peers (Meehan, Hughes, & Cavell, 2003). These children do not read social cues well, and tend to display behaviors that other children will find annoying.
Approximately 15 million children and adolescents in the United States have mental health problems that are interfering with their functioning at home or at school, but less than 35% receive treatment for these disorders (Melnyk et al., 2009). Key findings from the 2008 National Health Interview Survey conducted by the Centers for Disease Control/National Center for Health Statistics (CDC/NCHS) report:

- 15% of U.S. children aged 4–17 years had parents who talked to a health care provider or school staff member about their child’s emotional or behavioral difficulties. This included 18% of boys and 11% of girls.

- Approximately 5% of children were prescribed medication for difficulties with emotions or behavior. A large majority of these children (89%) were prescribed medication for difficulties with concentration, hyperactivity, or impulsivity, which are symptoms of Attention-deficit/Hyperactivity Disorder (ADHD).

- Boys were prescribed medication nearly twice as often as girls (6.6% compared with 3.4%).

- Older boys (7.6%) were prescribed medication more often than younger boys (5.8%), and older girls (4.4%) were prescribed medication more often than younger girls (2.6%).

**Medical Trends**

A study of medical records for 740,000 children covered by employer-insured health plans showed an increase in prescriptions for psychotropic medications from 1995 to 1999 (Achenback & Dumenci, 2002). The percentage of children receiving stimulant drugs (e.g., Ritalin, Adderall, Dextrostat, Cylert) increased from 2.4% to 3.0%; those
receiving selective serotonin reuptake inhibitors (e.g., Prozac, Paxil, Zoloft) increased from 0.8% to 1.3%; and those receiving other antidepressants increased from 0.2% to 0.6%. Achenback and Dumenci found that the increase in use of psychotropic medications may reflect growth in the variety of available medications and greater readiness to prescribe and fund psychotropic medications for the young.

Common Childhood Mental Disorders

Attention-deficit/Hyperactivity Disorder (ADHD)

ADHD is a neurobiological disorder marked by inattention, hyperactivity, and impulsivity (American Psychiatric Association [DSM-IV-TR], 2000). A diagnosis of ADHD is made when a child displays the required number of symptoms of the disorder (6 of 9 symptoms of inattention, 6 of 9 symptoms of hyperactivity-impulsivity, or 6 of 9 symptoms of both). These symptoms:

- Are present before the age of 7 years, for at least 6 months, and to a degree that is maladaptive and inconsistent with an individual’s developmental level.
- Occur in two or more settings.
- Significantly affect the child’s social or academic functioning (DSM-IV-TR, 2000).

According to the American Psychiatric Association (APA), approximately 3% to 7% of the school-age population has ADHD, with estimates of male-to-female ratios ranging from 4:1 to 9:1. The APA maintains that a substantial proportion of children referred to clinics with ADHD also have Oppositional Defiant Disorder or Conduct Disorder with a higher prevalence of Mood Disorders, Anxiety Disorders, and Learning Disorders.
Anxiety

The central characteristic symptom of anxiety is worry, defined as “an anticipatory cognitive process involving repetitive thoughts related to possible threatening outcomes and potential consequences” (Huberty, 2008). Anxiety disorders are among the most common childhood disorders with girls twice as likely as boys to develop anxiety disorders over their lifespan. High levels of anxiety can have negative effects on academic performance; however, because high anxiety most often is not manifested in disruptive behavior, it may go unnoticed by others. Huberty states that over time, a highly anxious child may develop a sense of learned helplessness that leads to avoidance of difficult tasks, low persistence, and withdrawal from tasks where failure is perceived to be likely. According to Huberty, Separation Anxiety Disorder is the only anxiety disorder specific to children, although diagnostic criteria for other anxiety disorders can be applicable to either children or adults. When anxiety severely interferes with daily functioning, an anxiety disorder may be present.

Depression

Depression and anxiety frequently occur together with overlapping symptoms reported to be as high as 50%. Further, if both disorders are present simultaneously, anxiety most likely preceded depression (Huberty, 2008). Characteristic signs of depression may be seen in children and adolescents, although signs may vary across the age span. For example, young children may show symptoms of irritability, apathy, and disinterest, whereas the adolescent may report feelings of hopelessness. Prevalence is about the same for boys and girls in the early elementary years, but rates for girls tend to increase at about 13-15 years old, in part due to differences in hormones, stressors and
social expectations. Huberty found that overall the ratio of depressive diagnosis in girls to boys is about 2:1 to 3:1. When depressive patterns begin to cause impairment in personal and social functioning, a disorder may be present.

Socioeconomic Considerations

The Impact of Poverty

Lower socioeconomic status has been shown to be related to depression in children, with the poorest children having up to three times more depressive disorders than affluent children (Huberty, 2008). Children from impoverished communities are more likely to have behavioral and academic difficulties, as well as face a range of acute and chronic stressors that are different than what children from more privileged backgrounds experience (Mendez, 2010). Children living in poverty encounter acute stressors such as exposure to community violence and homelessness. Chronic strains include hunger, insufficient household heat, decrepit living conditions, and worries about the safety of loved ones (Buckner, Mezzacappa, & Beardslee, 2009). Studies show that low-income children are at increased risk of mental health problems and have higher levels of unmet need. The National Center for Children in Poverty at Columbia University estimates that 21 percent of low-income children and adolescents ages 6 through 17 have mental health problems with Latino children among the least likely to receive services (Hardy, 2008).

Educational Implications

Academic and Emotional Development

The focus on academic accountability has sharply increased over the last few years due to the implementation of No Child Left Behind (Florell, 2007). To facilitate
learning, mental health and psychosocial problems are being addressed within many
school systems. According to Florell, leaving no child behind implies more than stronger
accountability for academic results; promoting development related to social and
emotional functioning has been shown to effect academic progress. The February 2009
report by the Children’s Society presents the same wide array of concerns with calls for,
amongst other things, formal monitoring of children’s emotional well-being (Layard &
Dunn as cited in Ecclestone & Hayes, 2009). Schools are important participants in the
socialization of children, providing opportunities for modeling and reinforcing
appropriate behaviors (Reinke, Splett, Robeson, & Offutt, 2009). School-based
interventions provide such opportunities to affect children’s aggressive and antisocial
behavior.

A Model of Prevention, Intervention, and Reintegration for Disruptive Behavior

An Overview

Prevention begins with a universal application of support. Proactive universal
strategies provide systematic reinforcement and training of expected social behavior,
while defining a student’s strengths and teaching clear expectations for positive, adaptive
behavior (Reinke et al., 2009).

When a child experiences an emotional crisis, a teacher’s approach will be guided
by a teacher-created, structured response. An emotional crisis refers to a severe emotional
or behavioral outburst that has been caused by overwhelming feelings such as anger,
frustration, depression, anxiety, or fear. A child experiencing an emotional crisis may
exhibit behaviors ranging from serious aggression or self-injury to uncontrollable crying
or complete withdrawal. The initial focus of a teacher’s intervention strategies will be to ensure the safety of the student in crisis and those in the classroom.

When an emotional crisis has passed, bringing the student back into the classroom community is part of the reintegration process. Utilizing psychological first aid and Solution-Focused Brief Therapy (SFBT) techniques, the teacher can help to facilitate rebuilding the classroom community often compromised by a crisis incident. The child and teacher must then work together toward the prevention of future emotional or behavioral outbursts.

**Efficacy of positive teacher-student relationships.** In a recent study on students’ perception of an effective classroom manager, results indicate that students desired a caring and respectful relationship with their teacher, reflecting a need for a personal relationship between teachers and students (Cothran, Kulinna, & Garrahy, 2003). Furthermore, Pianta and Stuhlman (2004), cite the quality of children’s relationships with their early school teachers as an increasingly recognized contributor to school adaptation. Positive teacher-child relationships appear to serve a regulatory function with regard to children’s social and emotional development and well-being. In fact, Pianta and Stuhlman found that the development of children’s early competencies in several domains has been linked to (and is perhaps facilitated by) the quality of the teacher-child relationship. Positive teacher-student relationships can function as a protective factor that buffers children from the effects of known risk factors (Meehan, Hughes, & Cavell, 2003).

The importance of establishing a positive relationship with children at-risk cannot be overly emphasized as these children are especially sensitive to teacher-child
relationship quality, especially in the primary grades. Studies have found that children with chronic conflict in relationships with teachers in kindergarten and first grade demonstrate less cooperative participation in school and lower levels of liking school (Pianta & Stuhlman, 2004). In addition, teachers who described their relationship as being negative with children who had early behavior problems was a predictor of those children’s long-term adjustment to school. Conversely, close and supportive relationships with teachers have the potential to alleviate the risk of negative outcomes for students who might otherwise have difficulty succeeding in school. Emotional support and closeness function as protective factors for children with behavior problems (Spilt & Koomen, 2009).

Given that most children who exhibit behavior problems in the primary years will continue to show, to some extent, the same type of behaviors in junior high and high school, does the teacher-student relationship continue to matter as it did when they were in elementary school? Becker and Luthar (2002) found that during the middle school years, children who possess resources that they can rely on (e.g., social support, positive attitudes about school) during the transition to middle school are better prepared for a successful school transition than students lacking such resources. In a recent study on adolescent trust in teachers, it was found that most teachers can earn the trust and cooperation of students if they use relationship building to prevent discipline problems (Becker & Luthar, 2002). It is suggested that adolescents’ rationale for consciously deciding whether to obey commands may be dependent on the quality of the relationship with that authority figure. Teachers who consider relationships with students important for their classroom discipline are more likely to have greater trust and cooperation from
students who have a history of disciplinary infractions (Gregory & Ripski, 2008). Even one supportive relationship with an adult at school can have significant positive effects on a student’s connectedness to school. For connections to exist, students must perceive some adults as people to whom they can go to for support (Osher et al., 2008).

Although connecting students to school is important at all grade levels, it is especially crucial during the adolescent years. School connectedness refers to an academic environment in which students believe that adults in the school care about their learning and about them as individuals (Blum, 2005). Students who feel connected to teachers are more likely to use those teachers as models, accept feedback from them, try to meet their behavioral expectations, and perform better academically (Osher et al., 2008). Connection to adults who can help students navigate challenges and mentor them is an important developmental asset for at-risk students. These connections have been demonstrated to provide a scaffold of support that has been shown to contribute to the success of culturally and linguistically diverse students by helping students persevere through academic and social challenges. Osher et al. suggest that school connectedness can have a substantial impact on the measures of student achievement for which schools are currently being held accountable.

*Creating a safe place.* The prevention of emotional crises includes the creation of a safe and trusting classroom environment. As previously stated, school connectedness is important for children of all ages (Blum, 2005). Including all children in a classroom community help students develop academically, socially, and emotionally (Bafumo, 2006). A sense of community promotes a trusting relationship between staff members and students, which is central to the prevention of student violence (Brock, 2002). The
nurture and caring of a classroom community can lessen feelings of anxiety and social stress that may lead to an emotional breakdown (Dwyer, Osher, & Warger, 1998). Establishing a “safe place” within the classroom environment provides a safe haven for students within its physical structure.

The safe place is fairly quiet, removed from the main classroom space, and known to students. This area may be located in a corner of the classroom, behind a partition, or in an alcove. For younger students, the safe place might have comforting items such as a bean bag chair or stuffed animals (Bailey, 2001). With older students, the safe place can be simple or designed by students to meet their specific emotional needs. Bailey suggests that the safe area may be most effective if it is fairly private, comfortable, and accessible for all students. In addition to encouraging students to use the safe place when upset, it can be used to remove a student experiencing an emotional crisis from the main classroom space (Dwyer et al., 1998). This area should not be confused with areas of the school which are used for discipline, such as the principal’s office.

The creation of a safe place allows students to remove themselves from frustrating situations in order to regain control and composure (Bailey, 2001). Students can be encouraged to use the safe place when they are feeling angry, frustrated, or upset. The safe place might be used to signal to staff that the student is having difficulties curtailing his or her emotions and needs time away from the class (Dwyer et al., 1998). The safe place may be used as a preventative measure, allowing students to regain composure instead of breaking down (Smallwood, 2003).

Building a strength-based classroom. There is widespread agreement among educators that classroom management is an essential part of their work particularly in
light of the frequently expressed perception that children are becoming increasingly unruly and difficult to teach (Stoughton, 2007). Classroom management is directly tied to levels of student involvement and academic achievement, making it an important component of teaching (Reinke, Lewis-Palmer, & Merrell, 2008). In response, teachers are being asked to utilize preventive interventions as part of comprehensive strategies to reduce barriers to learning; one such intervention is to apply a strength-based approach to classroom management.

A strength-based approach is an optimistic way of looking at a situation (Hewitt, 2005). Optimism feeds a sense of efficacy and motivates coping and adaptive behavior. When fostering a strength-based classroom, the teacher intentionally and consistently focuses on a student’s strengths and resources. In doing so, a teacher creates an environment in which students feel empowered to use their strengths. Reinforcing a student’s strengths is an ongoing process of interaction between the student and teacher and allows students new avenues to gain attention and recognition (Cantwell, 2006; Melvin, Korthase, & Marquoit, 2005). In a study conducted by Cantwell of high school students enrolled in a speech class, traditional and strength-based teaching methods were compared. Results showed that students who were taught in a strength-based classroom typically had better attendance, were on time more regularly, asked an average of three times more questions and made three times more contributions to class discussion as compared to traditional methods. Furthermore, teachers found they rarely had to address side conversations or disruptive behavior.

A strength-based perspective involves seeing the strengths students inevitably must possess to have made it thus far. It is a vigilant effort on the part of the teacher to
search for strengths that students may demonstrate in other areas of their lives. The 
teacher tries to change the context from one of failure (problem-focused) to hopefulness 
(solution-focused), looking for competency even if it is minimal (Metcalf, 1999). It is a 
paradigm shift from looking at what a student does wrong to what a student does right. 
The idea is simple and compelling: we can get more change by focusing on what does 
work rather than on what does not (Cooley, 2009). When we expect change, we are more 
aware of what people are doing to improve their lives than we are of their failures 
(Williams, 2000). Even behaviorally or academically troubled students have examples of 
appropriate behavior from which to draw. When a teacher shifts from problem-focused to 
solution-focused thinking, they have opened the doorway to a future-focused orientation, 
reflecting on the times when a student has demonstrated his or her strength to make 
changes and using those exceptions as the basis for making change.

The heart of building a strength-based classroom lies in finding those exceptional 
times, or times when the problem is either not a problem or is less of one. Exceptions 
provide a blueprint for students to follow to solve their own problems by identifying what 
is different about the times when the problem is less problematic. To bring this about the 
teacher takes a curious posture, or a posture of not knowing, allowing the student to 
explain how these times happen in great detail and what part the student played in 
bringing them about (Young & Holdorf, 2003). Students are engaged in meaningful 
decision making, reaffirming their unique strengths. Educators who move out of the 
problem and into the solution promote resiliency and optimism in their students.

Incorporating solution-focused brief therapy techniques in the classroom. A strength-
based classroom incorporates techniques from Solution-Focused Brief Therapy (SFBT).
SFBT assumes that all students have some knowledge of what would make their life better and already possess at least the minimal skills necessary to create solutions. According to Metcalf (1999), to facilitate a strength-based, solution-focused classroom, the following SFBT techniques can be applied:

- **Strength-Based Language**: This language highlights what the student is doing that is working. It invites the student to do more of what is already working or to try changes to achieve success. The teacher asks the student, “How did you do that?” or “How have you managed to prevent things from becoming worse?”

- **Miracle Question**: The miracle question helps to generate the first small steps of “solution thinking” by helping the student describe small, realistic doable steps they can take as soon as the next day. For example, “If you woke up tomorrow and discovered that a miracle had occurred overnight, what would be different as you went through your day that would tell you things were better for you?” To encourage the student to begin taking action, an additional question would be, “How could you begin achieving that miracle on a very small scale, on your own, just for the next week?”

- **Present & future-focused questions vs. Past-oriented focus**: Questions are based on the future or present and reflect the basic belief that problems are best solved by focusing on what is already working rather than on the past or origin of the problem. Asking, “What will you be doing in the next week that would indicate to you that you are continuing to make progress?” keeps the student focused on a future orientation.
• Exceptions: An exception is something that happens instead of the problem; often spontaneously and without conscious intention. The question asked to the student is, “What is different about the times when the problem isn’t there?”

• Scaling: Scaling is useful in helping students to assess their own situations, track their progress, or evaluate how others might rate them on a scale of 1 to 10. “On a scale of 1 to 10 with 1 being the problem is in control to 10 meaning that, you are in control of the problem; where are you at today? Where would you like to be next time and what small steps will you need to do to take you there?”

_Crisis Response Overview_

Although building a trusting and nurturing classroom community is the best way to prevent a crisis in the classroom, it is important for teachers and school staff to be prepared for the possibility of an emotional crisis incident. For the purposes of this discussion, an emotional crisis incident refers to a severe emotional or behavioral outburst which has been caused by overwhelming feelings such as anger, frustration, depression, anxiety, or fear. The first step in preparing to help a student experiencing such a crisis is to have a well structured plan for the classroom teacher (Loucks, Rutledge, Hatch, & Morrison, 2010).

In addition to a solid plan, some additional issues merit consideration. Training all staff members to be cognizant of the early warning signs that may lead to a crisis may help staff respond effectively (Dwyer et al., 1998). Finally, when responding to disruptive behavior caused by a student in an emotional crisis, it is recommended that teachers initiate the crisis response plan, maintain composure, and attempt to ensure the safety of everyone involved (West & Kaniok, 2009).
Establishing a plan. The first step when preparing for any type of crisis in the classroom is establishing a well structured plan (Dwyer & Jimerson, 2002). This allows staff members to respond quickly to early warning signs of destructive behavior, violence, or emotional outbursts. Most school staff members receive training for procedures regarding emergency situations, such as fires and earthquakes. In a similar way, it is recommended that staff members be trained to respond to an emotional crisis (Dwyer et al., 1998). Because crisis behaviors may occur outside of the classroom environment, it is advantageous for all staff members who come in contact with students (e.g. yard duty supervisors, lunch room workers, school secretaries) to be prepared to assist in a student crisis. Dwyer et al. have found that while teachers, teacher aides, and playground monitors have often not been professionally trained to recognize and de-escalate serious behaviors, they are usually the first staff members to respond to a child in crisis. Dwyer et al. suggest that training include outlining the procedures for notifying appropriate crisis response staff, creating evacuation protocol, and practicing implementing the plan.

Identifying which staff members, including teachers, administrators, and school psychologists, will be involved is often the first step in the creation of a well structured crisis response plan (Barbeta, Norona, & Bicard, 2005). Administrators and school psychologists trained in behavior de-escalation may be needed in the event a behavioral emergency occurs. Generally, it is the duty of the administrator to notify the parents of involved students, remove the student from the classroom if necessary, and coordinate with community resources. A school psychologist may be needed to help calm the student during an emotional crisis and offer counseling to cease dangerous behavior
(Sandoval, Scott, & Padilla, 2009). Barbetta et al. recommend partnering teachers to provide additional assistance and supervision of students when the classroom teacher is engaged in helping the child in crisis. Merchen (2010) suggests that a clear course of action be outlined so that staff members know when and how to contact these crisis responders at the first signs of a student in crisis.

Preparing for a crisis involves the selection of community resources including the district or community police departments, county mental health workers, or local mental health hospitals (Adamson & Peacock, 2007). District or community police officers may be necessary to assist a child who has become violent or is in danger of harming themselves or others (Merchen, 2010). Mental health experts, in addition to school psychologists, can support a student in emotional crisis through counseling interventions and mental health hospitalizations in extreme situations (Sandoval et al., 2009). Cultivating partnerships with police and mental health agencies allow representatives from those agencies to act swiftly in a crisis should the need for their presence arise (Cornell & Sheras, 1998).

A well structured crisis plan includes steps for keeping all staff members and students, including the student in emotional crisis, free from harm. Dwyer et al. (1998) suggest that classroom evacuation procedures be put into place in the event a student is a danger to staff members or students. When a student is experiencing an emotional crisis, other students may need to be removed from the class. In this case, it is advantageous to have a designated safe place or partner classroom where uninvolved students can be directed (Bailey, 2001). Personnel trained to de-escalate dangerous behavior are encouraged to respond immediately and assist the staff members who initiated the crisis
response (Loucks et al., 2010). West & Kaniok (2009) state that ensuring the safety of the child in crisis without exacerbating the dangerous behavior may be beneficial to a successful crisis response. Therefore, it is suggested that each staff member be trained to immediately alert designated crisis response personnel and take steps to ensure the safety of all parties involved when a crisis occurs (Merchen, 2010).

*Early warning signs.* In order to be prepared for an emotional crisis, teachers and other staff members must be made aware of students with mental illnesses, emotional disturbances, and severe behavioral difficulties. Students with these difficulties may not necessarily turn to violence as a coping mechanism, but may express their frustration with severe emotional outbursts or self-injurious behavior (Gecker, 2008). In addition, children experiencing drastic changes, neglect, violence, or economic difficulties at home are at-risk for emotional and behavioral difficulties (Dwyer et al., 1998). Knowing the environmental stressors that a child is facing will allow staff members to manage emotional distress before it becomes a crisis (Smallwood, 2003).

It may be beneficial for staff members to be aware of the early warning signs associated with emotional outbursts and violence. Dwyer et al. (1998) suggest that early warning signs may or may not lead to an emotional crisis and staff should be adequately trained so as not to misinterpret these behaviors. These researchers caution that warning signs should not be used to punish, isolate, or exclude a child from school experiences.

Warning signs can be categorized as environmental, social, emotional and behavioral. Environmental warning signs include being a victim of violence, drug and alcohol abuse, gang affiliation, and access to weapons (Dwyer & Jimerson, 2002). Social warning signs include social withdrawal, being bullied, and intolerance of differences;
emotional warning signs include feelings of isolation, rejection, and uncontrolled anger (Dwyer et al., 1998). According to Dwyer and Jimerson, behavioral warning signs include: low school interest, depictions of violence in writings or drawing, bullying others, a history of past aggressive or violent behavior, a history of discipline problems, and serious threats of violence. Recognizing early warning signs can help alert school staff that a student may be at-risk for an emotional crisis. Response personnel may then be called in to assess the child’s level of need for a psychological intervention.

In addition to early warning signs, there are imminent warning signs associated with violent behavior which can be a part of training school staff for an emotional crisis. Imminent warning signs can signal to staff members that a student is close to engaging in dangerous or severely disruptive behavior (Dwyer et al., 1998). Imminent warning signs differ from early warning signs in that the behaviors are much more severe and require an immediate response (Dwyer & Jimerson, 2002). Imminent signs are described by Dwyer et al. as including serious physical fighting with other students or family members, severe destruction, extreme rage for seemingly minor occurrences, detailed threats of serious violence, possession of a weapon, self-injurious behavior, and threats of suicide. When imminent warning signs are present, the safety of the child and others is the foremost priority and immediate action may be necessary.

*Responding to disruptive behavior.* In the event that a student experiences an emotional crisis in the classroom and is unable to regain control over his or her behavior, modeling composure helps reduce tension and reassure children of their safety (Widger, 2007). It is suggested by Widger that giving the student in crisis space and time to manage the outburst will help the student regain control of his or her behavior more
effectively. Treating severe behaviors professionally, not personally, allows staff members to respond to the outburst objectively and ensure the safety of all involved (Barbetta et al., 2005). According to research by Barbetta et al., it is paramount for staff members to avoid exacerbating student outbursts and violent behavior by attempting to de-escalate the crisis through physical or threatening means.

It is recommended that teachers and school staff members initiate the crisis response plan as soon as a student shows signs of an emotional crisis (Loucks et al., 2010). The first step of the crisis response plan is to contact identified responders such as school administrators, school psychologists, and partnering teachers (Dwyer et al. 1998). A quick response from these personnel may help lessen the emotional, psychological and physical damage a student in crisis may cause. Dwyer et al. suggest that in the event the student becomes violent or destructive, the classroom may need to be evacuated in order to keep other students from harm. If the student is not violent, but self-injurious or inconsolable, the student may be moved away from the classroom space in order to allow for a private psychological intervention by trained personnel (Dwyer & Jimerson, 2002). While waiting for response personnel to arrive, teachers and school staff can model composure and facilitate communication with the child. While untrained personnel should not try to “fix” the situation, these staff members can speak calmly to the child, allow the child to vent, and validate the child’s feelings (Widger, 2007).

Crisis response research recommends that the safety of all students and staff members, including the student in emotional crisis, be ensured as soon as possible (Merchen, 2010). As stated previously, staff and students may need to be evacuated from the classroom if a student’s behavior turns violent (Dwyer & Jimerson, 2002). The
evacuated students may be taken to a neighboring classroom to be supervised by another teacher or to a common gathering area, such as the cafeteria, to be supervised by support staff. The classroom teacher or staff member who initiated the crisis response plan may consider staying within a safe proximity to the child in crisis until help arrives to ensure the child’s safety. Merchen recommends that responders not physically intervene to protect school or personal property from a student’s violent outburst in order to avoid injury. In addition, Merchen suggests that responders avoid actions which might be perceived as threatening, such as taking items from the student or standing in the student’s way, as they may exacerbate the student’s violent behavior. It is suggested that adults in the vicinity take care to avoid any type of physical intervention with a violent student unless it is deemed absolutely necessary to protect themselves or others from serious injury (Bickell, 2010). Only personnel trained to use physical interventions may engage the child physically and only then in the most minimally invasive way (West & Kaniok, 2009). According to Merchen, just standing in the room with a student demonstrating violent behavior may be the best course of action for the supervising staff member until help arrives. The appropriate time to talk with the student about the incident is when the child returns to the classroom and demonstrates emotional and behavioral control.

Restoration of the Classroom Environment

After an emotional crisis occurs in the classroom, care must be taken to restore the classroom environment (Brock, 1998). A psychological intervention, such as psychological first aid, may be necessary as part of the debriefing process with the student following the crisis (Brown, 2002). Teachers and other school staff members
involved in the crisis can help the student reintegrate into the classroom community (Dwyer et al., 1998). A reoccurrence of the student’s behavior may be prevented through positive behavioral interventions and crisis postvention (Barbetta et al., 2005).

*Psychological intervention.* When initiating a psychological intervention following an emotional crisis, school staff members may utilize the rapport and trusting relationships already built with the student (Gecker, 2008). Letting the child know that he or she is cared for no matter what occurred, may foster hope and security for the future (Dwyer et al., 1998). This conversation may take place soon after the child re-enters the classroom and in relative privacy, perhaps in the designated safe place. It is very important for the child to be treated with dignity and feel that what the student did is separate from him or herself (Schubert, 2007).

Calmly discussing the situation with the student upon their return to the classroom may help repair or rebuild the relationship between the student and involved staff members (Dwyer & Jimerson, 2002). This allows staff members to understand the student’s emotional or behavioral breakdown in order to avoid a similar incident in the future. Using therapeutic techniques, such as Solution-Focused Brief Therapy (SFBT), may help the teacher and student focus on prevention of future incidents instead of dwelling on what has occurred already (Gingerich & Wabake, 2001). Using SFBT in school settings has been associated with positive academic and behavioral outcomes for at-risk students (Franklin, Moore, & Hopson, 2008). Gingerich & Wabake suggest that encouraging the child to share how he or she would like things to be and what he or she is already doing to make that happen helps the child realize that change is possible. After an
emotional crisis incident, the goal is to have a conversation that allows the student to feel hopeful instead of shameful.

Other students in the classroom community may also need to discuss their feelings regarding the incident (Brock, 1998). This is especially true if the incident involves serious violence toward another child or teacher which results in bodily injury. Brock suggests that the classroom rely on the community connectedness already established to facilitate sharing and support. Using elements of psychological first-aid with the students may be necessary to promote a renewed sense of safety, calm, connectedness, and hope for the future (Ruzek, et al., 2007). Research by Ruzek et al. has found that within the classroom community, children are able to connect with social supports to facilitate coping, and share feelings and experiences. Students may need guidance on how to act when the child in crisis re-enters the classroom. The classroom community can design a plan that makes it easier for the students, including the student in crisis, to cope following a crisis incident (Dwyer et al., 1998).

*Reintegration into the classroom.* Following a serious crisis incident, Brock (1998) recommends that the physical classroom environment be made as normal as possible. Brock’s research suggests that discussions of the crisis take place the morning following the incident. Following the classroom discussion, students may participate in their normal classroom routine in order to regain a sense of security and control within their environment. Modeling calm and composure throughout the day’s activities may help teachers and staff members facilitate a return to normal functioning within the classroom (Widger, 2007).
Reintegrating the student back into the classroom community involves repairing the trusting relationships between the student and his or her peers (Dwyer et al., 1998). According to West and Kaniok (2009), in order to adequately obtain resolution, children must return to the place the crisis occurred. These researchers suggest that the student and teacher discuss the consequences of his or her actions prior to entering the classroom. It may be beneficial for the child to actively participate in the development of a plan for the prevention of a future incident. Other students may also participate in this process to offer ideas that will support the student in the future and facilitate the rebuilding of the classroom community (Schubert, 2007). Crisis postvention is a useful tool in repairing hurt and rebuilding trust within a classroom community.

*Changing behavior through positive behavioral interventions.* In order to prevent a reoccurrence of the student’s behavior, resources within the school and the outside community may be utilized (Schubert, 2007). Students who do not meet the expectations of social behavior are at-risk for adverse school outcomes (Meier, DiPerna, & Oster, 2006). Following an emotional crisis, students may not have the social skills necessary to effectively reintegrate into the classroom community. Meier et al. suggest social skills building programs within the school, such as friendship group counseling, to help the child discover the social skills that are necessary for a positive school experience. Schools have created school-wide behavior management systems, such as character building programs, to manage student behavior. Encouraging student participation in these programs can help prevent a re-occurrence of the emotional or behavioral outburst. In addition, outside counseling with a community agency might help the student work through the feelings that led to the emotional crisis (Sandoval et al., 2009).
A Functional Behavioral Assessment (FBA) may be necessary to prevent future occurrences of the behavior and might identify the impetus behind the emotional or behavioral outburst (Smallwood, 2003). With an FBA, the underlying cause, as well as the antecedents which trigger the incident, can be identified (Barbetta et al., 2005). Once teachers and support staff have been trained to recognize the function and antecedents of a student breakdown, steps can be taken to avoid a future crisis incident. Smallwood (2003) contends that teachers must take care to stay ahead of an “emotional meltdown” and respond appropriately to minor disruptive behavior. Barbetta et al. suggest handling behaviors identified as antecedents to a meltdown with care, as well as utilizing appropriate behavioral response techniques, such as planned ignoring and praise for positive behaviors. Smallwood has determined that students can be taught to monitor their feelings for signs of a meltdown and advocate for their own emotional well-being through behavioral interventions such as time outs from work or a rewards system for appropriate behavior.

Part of an intervention may be helping the student find new, more appropriate ways of expressing overwhelming feelings (Smallwood, 2003). Students can be encouraged to self-monitor their feelings in order to do their part to prevent an emotional or behavioral outburst. Children may then be taught strategies for dealing with their feelings, resolving conflicts, and expressing anger in appropriate ways (Dwyer et al., 1998). Bailey (2001) recommends encouraging students to take a time out when overwhelmed by their emotions and visit the “safe place” in the classroom to regain composure instead of continuing an emotional deterioration. Smallwood contends that
helping the child understand when a meltdown may occur is an important component of helping the child work toward their behavioral goals.

Finally, in order to create a successful crisis response plan, continuous evaluation and training are essential (Dwyer & Jimerson, 2002). It is recommended that crisis responders be equipped to handle a variety of emotional and behavioral outbursts without doing harm to the child in crisis (West & Kaniok, 2009). Evacuation plans may be made for each classroom and school gathering area in preparation for the possibility of student evacuation (Brown, 2002). Practicing responding to a crisis event can help school staff feel prepared for an actual crisis (Dwyer et al., 1998).

Conclusion

The better prepared a school is for a student’s emotional crisis, the more efficiently prevention, intervention, and postvention can be carried out. Training all staff members who come into contact with students may help meet the needs of a student experiencing an emotional crisis. Using a framework for social, emotional, and behavioral support may give teachers and staff members the tools necessary to help students with unique psychological needs. Crisis prevention allows teachers and staff members to build strong classroom communities. Trusting relationships with the students can be cultivated using strength-based solution-focused problem solving techniques. Crisis response procedures include a plan for responding to an emotional crisis and ensuring the safety of all parties involved. Being cognizant of the psychological needs of students may help teachers prepare the classroom environment for an emotional crisis and respond accordingly to severely disruptive or dangerous behaviors. Postvention and community restoration assist the child in crisis in reintegrating into the classroom
community and repairing the trusting relationship between the teacher and student. In postvention, behaviors may be changed through positive behavior support and solution-focused problem solving. Children who exhibit explosive or noncompliant behavior present a difficult challenge to school personnel and parents. Providing teachers and school staff with the skills to support students’ diverse needs assists in promoting the development of each child’s social and emotional well-being.
Chapter 3

METHODS

The authors used multiple sources for research: PsychINFO, ERIC, PsycArticles, PubMed, WilsonWeb, and Academic Search Premier between the years of 1980 and 2010. Articles were also obtained through the National Association of School Psychologists (NASP) website. Key terms used to search for the articles included psychological intervention, response to intervention, classroom, teacher, behavioral interventions, psychological first aid, positive psychology, solution-focused brief therapy, psychological crisis, emotional crisis, crisis counseling, disruptive students, managing student aggression, management of assaultive behavior, and postvention. Additional relevant information was gathered from textbooks and diagnostic manuals, including the *Diagnostic and Statistical Manual of Mental Disorders: Text Revision, 4th Edition (DSM-IV-TR)*.

Following a review of the research and articles, the authors focused on those that provided empirical evidence in support of emotional crisis response and recovery. Articles utilized focused on emotionally at-risk students and provided research-based interventions for emotionally at-risk or aggressive students in the classroom. The relevant articles were then reclassified under the main headings and subheadings of the project. After all relevant information was reviewed by the authors, the training module was created for teachers.

The training module for teachers, *Disruption in the Classroom: Prevention, Response, and Restoration*, was created using empirical information regarding students with mental health needs, research-based procedures for responding to a crisis event, and
empirical interventions for crisis recovery and reintegration into the classroom community.

The training module was designed with teachers in mind; to complement the research, informal interviews of approximately 20 teachers were undertaken to ascertain their specific needs in this area. According to this sample of teachers, the most common feedback regarding their crisis training is their lack of preparedness; additionally, teachers expressed the concern that other school personnel appeared underprepared to deal with for an emotional crisis. Many of the teachers consulted offered stories of events within their schools in which serious situations with students were mishandled due to the absence of a response procedure. Teachers also expressed a desire for response procedures to be easy to remember and uncomplicated to implement. Feedback from the informal teacher interviews was used in the development of the training module.
Chapter 4
FINDINGS

Approximately 15 million children and adolescents in the United States have mental health problems that are interfering with their functioning at home and at school (Melnyk et al., 2009). Children who exhibit explosive or noncompliant behavior present the most difficult challenge to school personnel and parents (Smallwood, 2003). Disruptive behavior problems contribute to the loss of instructional time. There is growing concern among school staff that the number of students who come to school with behavioral and emotional challenges is on the rise. It is within the classroom that teachers will experience a disruptive student or try and intervene with a student having an emotional meltdown. However, many teachers are unsure of which steps to take to defuse disruptive behavior and respond effectively to emerging crises. Teachers who lack the ability to cope with student misbehavior may perceive themselves as unsuccessful (Stoughton, 2007). Teachers express anger and helplessness concerning the child they perceived as most disruptive in their class (Split & Koomen, 2009). Most teachers report feeling inadequately prepared to address student behavior problems and welcome training that addresses this issue (California Department of Education, 2000).

The authors created a training module which incorporates empirically based strategies in the prevention and intervention of disruptive behavior, including a recovery phase to restore the classroom to a pre-crisis state. Teachers will be able to create a site-specific plan tailored to fit the needs of their classroom that could be used as the basis for a school-wide plan. These strategies can be utilized within both general and special education classrooms.
School psychologists are in a unique position which enables them to provide leadership to schools and teachers in the implementation of preventive strategies. Given the increase of students who have behavioral and emotional challenges in the classroom, school psychologists are encouraged to assist teachers in the creation of a well-structured plan of prevention intervention, and recovery. Training which addresses these issues can be conducted as a district half-day workshop or teacher in-service day. There are two advantages in providing staff members with the knowledge and tools to create a personalized plan. Crisis training will help teachers to support the emotionally fragile student in a more productive way and may increase teacher efficacy.

While crisis response has become an important topic in educational research, most time and effort is currently spent on preparing school staff for an external crisis event, such as a natural disaster or school shooting. There is currently a limited amount of research regarding the best ways for teachers to respond to severely disruptive behavior or an emotional breakdown by a student. Although an emotional breakdown or a disruptive outburst pales in comparison to a school shooting, teachers must be prepared to handle any type of crisis situation, regardless of the severity. However, given the increased possibility that a teacher may have a student experience an emotional outburst, teachers will be better equipped to handle the crisis with a specific response plan.

The authors recommend that future research in crisis response include procedures for responding to an emotional crisis. Currently, it is difficult to ascertain whether general crisis response techniques can be directly applied to a nonviolent emotional crisis, such as an emotional breakdown. Further research in this area may illuminate added techniques important to responding to a severe emotional outburst in the classroom.
In addition, many teachers feel unprepared to handle a student experiencing an emotional crisis. The authors recommend further research examining the specific needs of teacher training in this area. General education teacher training programs may not be spending an adequate amount of time preparing teachers to effectively manage severely disruptive behavior. Adding more research-based classroom management techniques to teacher training, such as building a strength-based classroom, may also help teachers prevent disruptive behavior in the classroom. Providing teachers and school staff with empirically-based emotional crisis prevention and intervention techniques will be of great benefit to all students, not only the student in crisis.
APPENDIX A

Disruption in the Classroom Training Module for Teachers
Disruption in the Classroom

Prevention, Response, and Restoration

A Student in Crisis

Dubitsky & Quintero, 2010
A Student in Crisis

- Children who exhibit explosive or noncompliant behavior present a difficult challenge to school personnel and parents.

- The increasing number of students who attend school with behavioral and emotional problems is of growing concern.

The Teacher’s Challenge

- Teachers who lack the ability to cope with student misbehavior may perceive themselves as unsuccessful.

- Teachers have expressed more anger and helplessness concerning the child they perceived as most disruptive.

Dubitsky & Quintero, 2010

Smollwood, 2003

Dubitsky & Quintero, 2010

Stoughton, 2007; Spill & Kooman, 2009
The Teacher’s Challenge

Can you help me, Mrs. Martin? This wasn’t covered in any of my education courses.

Training Outline

- Prevalence of childhood mental disorders
- Classroom strategies:
  - Prevention
  - Response
  - Restoration
Pre-test

Mark a Y for ‘yes’ or an N for ‘no’ for each statement.

1. I am able to identify one solution-focused therapy technique that can be used in my classroom.

2. I am able to identify at least two early warning signs of a student who may be at-risk of having an emotional crisis.

3. I am familiar with best-practices in responding to disruptive behavior.

4. I am familiar with the A-B-C’s of crisis response.

5. I have a concrete plan to follow in the event of an emotional crisis in my classroom.

Mental Health Needs of Students

- Prevalence
- Common Childhood Mental Disorders
- Cultural Considerations
- Educational Implications
Prevalence

- Approximately 15 million children and adolescents in the United States have mental health problems.
- Less than 35% receive treatment for these disorders.

Medical Trends

2008 National Health Interview Survey

- Parents of 15% of US students 4-17 y.o. sought help.
- 89% of these children were prescribed medication for Attention-deficit/Hyperactivity Disorder (ADHD).
- Increase in children receiving stimulant drugs and antidepressants.
Common Childhood Mental Disorders

- Attention-deficit/Hyperactivity Disorder (ADHD)
- Anxiety
- Depression

ADHD

- ADHD is a neurobiological disorder
- Marked by inattention, hyperactivity, and impulsivity
- Approximately 3% to 7% of the school-age population has ADHD
ADHD

- In the classroom this may look like:
  - Difficulty organizing tasks and activities
  - Loses things
  - Easily distracted
  - Difficulty remaining seated
  - Blurs out answers before questions are asked
  - Memory difficulties
  - Difficulties with social and adaptive functioning

Anxiety

- Worry: repetitive thoughts related to possible threatening outcomes and potential consequences
- Girls twice as likely as boys
- Separation Anxiety Disorder is specific to children
Anxiety

- In the classroom this may look like:
  - Restlessness
  - Erratic behavior
  - Withdrawal
  - Worry

Depression

- Depression and anxiety frequently occur together
- Anxiety most likely preceded depression
- The ratio of girls to boys is about 2:1 to 3:1
- Rates for girls tend to increase at about 13-15 years old
Depression

- In the classroom this may look like:
  - Shows limited effort
  - Irritability
  - Inappropriate responses to events
  - Concentration problems

The Impact of Poverty

- Children from impoverished communities are more likely to have behavioral and academic difficulties

- Acute stressors: Exposure to community violence and homelessness

- Chronic stressors: Hunger, insufficient household heat, decrepit living conditions, and worries about the safety of loved ones
A Model of Prevention, Response, and Restoration

- Classroom Environment
  - Teacher-student relationships and a strength-based classroom

- Crisis Response
  - Response to a child experiencing a crisis

- Restoration
  - Psychological intervention for the student and reintegration of the student into the classroom

Dubitsky & Quintero, 2010
Classroom Environment

- Efficacy of positive teacher-student relationships
- Creating a Safe Place
- Building a strength-based classroom
- Incorporating Solution-focused Brief Therapy techniques in the classroom

Dubitsky & Quintero, 2010

Classroom Environment

- Efficacy of positive teacher-student relationships
  - Development of early competencies linked to the quality of the teacher-child relationship
  - Emotional support and closeness function as protective factors for children with behavior problems

Dubitsky & Quintero, 2010
Pianta & Stuhlman, 2004; Spilt and Koomen, 2009
Classroom Environment

- Efficacy of positive teacher-student relationships
  - Students who feel connected to teachers are more likely to:
    - use those teachers as models
    - accept feedback from them
    - try to meet their behavioral expectations
    - perform better academically

Dubitsky & Quintero, 2010

Classroom Environment

- Creating a Safe Place
  - A safe place provides a safe haven
  - Allows students to regain composure
  - Can be used to remove a student experiencing an emotional crisis from the main classroom space

Dubitsky & Quintero, 2010

Bafuno, 2006; Smallwood, 2003; Dwyer et al., 1998
Classroom Environment

- Creating a Safe Place
  - Located in a corner of the classroom, behind a partition, or in an alcove
  - Fairly private, comfortable, and accessible for all students

Dubitsky & Quintero, 2010

Classroom Environment

- Strength-based classroom
  - Identifies a student’s “signature strengths” - strengths that students already possess
  - The teacher tries to change the context from one of failure (problem-focused) to hopefulness (solution-focused)

Dubitsky & Quintero, 2010

Cantwell, 2006; Melvin, Korthase, & Marquolt, 2005; Metcalf, 1999
Classroom Environment

- Solution Focused Brief Therapy (SFBT) in the Classroom
  - From a solution-focused approach, kids know what would make life better and have some ability to make it happen

Dubitsky & Quintero, 2010

Classroom Environment

- Solution-focused Brief Therapy Techniques
  - Strength-Based Language:
    - Highlights what the student is doing that is working.
    - It invites the student to do more of what is already working or to try changes to achieve success.
    - The teacher asks the student, “How did you do that?” or “How have you managed to prevent things from becoming worse?”

Dubitsky & Quintero, 2010

Metcalf, 1999
Classroom Environment

- Solution-focused Brief Therapy Techniques
  - Miracle Question:
    - Helps the student describe small, realistic doable steps they can take as soon as the next day
    - For example, “If you woke up tomorrow and discovered that a miracle had occurred overnight, what would be different as you went through your day that would tell you things were better for you?”
    - To encourage the student to begin taking action, “How could you begin achieving that on a very small scale, on your own, just for the next week?”

Dubitsky & Quintero, 2010
Metcalf, 1999

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Classroom Environment

- Solution-focused Brief Therapy Techniques
  - Exceptions:
    - Something that happens instead of the problem
    - Often spontaneously and without conscious intention
    - The question asked to the student is, “What is different about the times when this is less of a problem?”

Dubitsky & Quintero, 2010
Metcalf, 1999
Classroom Environment

- Solution-focused Brief Therapy Techniques
  - Scaling:
    - Scaling is useful in helping students to assess their own situations, track their progress, or evaluate how others might rate them on a scale of 1 to 10.
    - “On a scale of 1 to 10 with 1 being the problem is in control to 10, you are in control of the problem; where are you at today?”
    - “Where would you like to be next time and what will you need to do to get there?”

Crisis Response

- Establishing a Plan
- Early Warning Signs
- Responding to Disruptive Behavior
Crisis Response

- Establishing a Plan
  - Develop a procedure
  - Identify which staff members will be involved
  - Partner teachers
  - Select community outlets
  - Include steps for keeping everyone safe

Dwyer, et al., 1998; Barbetta, Norona, & Bicard, 2005; Adamson & Peacock, 2007

Crisis Response

- Activity: Creating a Plan
  - The teacher’s responsibility:
    - Who to Call
    - Partner Teacher(s)
    - Evacuation Areas

Dubitsky & Quintero, 2010
Crisis Response

○ Early Warning Signs
  – Students with mental illnesses and severe behavioral difficulties
  – May express frustration with severe emotional outbursts or self-injurious behavior
  – Be aware of the early warning signs associated with emotional outbursts and violence

Dubitsky & Quintero, 2010
Gecker, 2008; Dwyer et al., 1998

Crisis Response

○ Early Warning Signs
  – Environmental:
    • being a victim of violence
    • drug and alcohol abuse
    • gang affiliation
    • access to weapons

Dubitsky & Quintero, 2010
Dwyer et al., 1998
Crisis Response

○ Early Warning Signs
  – Social:
    • social withdrawal
    • being bullied
    • intolerance of differences

Crisis Response

○ Early Warning Signs
  – Emotional:
    • feelings of isolation
    • rejection
    • uncontrolled anger
Crisis Response

- Early Warning Signs
  - Behavioral:
    - low school interest
    - depictions of violence in writings or drawings
    - bullying others
    - a history of past aggressive or violent behavior
    - a history of discipline problems
    - serious threats of violence

Crisis Response

- Imminent Warning Signs
  - Can signal that a student is close to dangerous or severely disruptive behavior
  - Behaviors are much more severe
  - Require an immediate response
  - Safety is the foremost priority
  - Initiate the response plan for a child in crisis
Crisis Response

- **Imminent Warning Signs**
  - serious physical fighting with other students or family members
  - severe destruction
  - extreme rage for seemingly minor occurrences
  - detailed threats of serious violence
  - possession of a weapon
  - self-injurious behavior
  - threats of suicide

Crisis Response

- **Responding to Disruptive Behavior**
  - Initiate the crisis plan
  - Try to remain calm
  - Ensure the safety of all students and staff members
Crisis Response

- Responding to Disruptive Behavior
  - Avoid attempting to de-escalate the crisis through physical or threatening means
  - Validate the child’s feelings
  - Reinforcing appropriate behavior or coping strategies
  - Just standing in the room may be the best course of action until help arrives

Crisis Response

- The ABC’s of Crisis Response
  - Alert Response Staff
  - Be Safe!
  - Keep Calm
  - Don’t Interfere
  - Evacuate Students (if necessary)
  - Validate Feelings until help arrives
Crisis Response

- Responding to Disruptive Behavior
  - Contact identified responders
    - school administrators, school psychologists, and partnering teachers
    - quick response from these personnel may lessen the emotional, psychological and physical damage a student in crisis may cause

Crisis Response

- Responding to Disruptive Behavior
  - Ensure safety
  - If the student is violent or destructive, the classroom may need to be evacuated
  - If the student is not violent, but self-injurious or inconsolable, the student may be moved away from the classroom space
Crisis Response

*Responding to Disruptive Behavior*
- Stay within a safe proximity to the child in crisis until help arrives
- Model composure and facilitate communication
- Speak calmly
- Allow the child to vent
- Validate the child’s feelings

Dubitsky & Quintero, 2010

Crisis Response

*Responding to Disruptive Behavior*
- Do not physically intervene to protect school or personal property
- Do not take items from the student or stand in the student’s way

Dubitsky & Quintero, 2010
Merchen, 2010; West & Kaniok, 2009
Restoration

- Psychological Intervention: Psychological First Aid
- Reintegration into the Classroom
- Changing Behavior Through Positive Behavioral Interventions

Dubitsky & Quintero, 2010

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Restoration

- Psychological Intervention: Psychological First Aid
  - Restore the classroom environment
  - Let the child know he or she is cared for
  - Calmly discuss the situation with the student upon their return

Dubitsky & Quintero, 2010

Brock, 1998; Dwyer et al., 1998; Dwyer & Jimerson, 2002
Restoration

- Psychological Intervention: Psychological First Aid
  - Other students may also need to discuss their feelings
  - Students may need guidance on how to act when the child in crisis re-enters the classroom
  - The classroom community can design a plan that makes it easier for the students to cope

Dubitsky & Quintero, 2010  
Brock, 1998; Ruzek, et al., 2007; Dwyer et al., 1998

Restoration

- Psychological Intervention: Psychological First Aid
  - Listen
  - Protect
  - Connect

Dubitsky & Quintero, 2010  
Schreiber, Gurwitch, & Wong, 2006
Restoration

○ Reintegration into the Classroom
  — Re-enter the child who experienced the crisis back into the place where the crisis occurred
  — Discuss with the child how their actions affected other students

Restoration

○ Using SFBT to help the student reintegrate
  — Focus on prevention of future incidents
  — Help the child realize that change is possible
  — Set goals together that will facilitate positive change
  — The child can walk away from the conversation feeling hopeful
Restoration

○ Using SFBT to help the student reintegrate
  → Exceptions
  → Strength Based Language
  → Miracle Question
  → Scaling

Dubitsky & Quintero, 2010

Restoration

○ Changing Behavior Through Positive Behavioral Interventions
  → An FBA may prevent future occurrences of the behavior
  → Outside counseling with a community agency
  → Students can be taught to monitor their feelings for signs of a meltdown
  → They can advocate for their own emotional well-being

Dubitsky & Quintero, 2010 Smallwood, 2003; Sandoval et al., 2009
Post-test

Mark a Y for ‘yes’ or an N for ‘no’ for each statement.

1. I am able to identify one solution-focused therapy technique that can be used in my classroom.

2. I am able to identify at least two early warning signs of a student who may be at-risk of having an emotional crisis.

3. I am familiar with best-practices in responding to disruptive behavior.

4. I am familiar with the A-B-C’s of crisis response.

5. I have a concrete plan to follow in the event of an emotional crisis in my classroom.

References


References


Dubitsky & Quintero, 2010

References


Dubitsky & Quintero, 2010
References


APPENDIX B

Facilitator’s Guide
Facilitator’s Guide

1. This training module is appropriate for use with administrators, special and general educators, paraprofessionals, school psychologists, school counselors, and all other school personnel working with students.

2. The CD-ROM includes this presentation, participant handouts, a data collection example form, and information on how to deliver the presentation. The minimum system requirement to run this CD is 1100 KB and the installation of *Microsoft PowerPoint Viewer* and *Adobe Reader*. To use *PowerPoint Viewer*, you need:
   a. PC with a Pentium 75-megahertz (MHz) or higher processor.
   b. Microsoft Windows XP or later operating system.
   c. 270 MB of available hard disk space.

   To use *Adobe Reader*, you need:
   a. PC with an Intel 1.3 gigahertz (GHz) or higher processor.
   b. Microsoft Windows XP or later operating system.
   c. 260 MB of available hard disk space.

3. Background information necessary for the presenter is found within the body of the project and within this guide.

4. The presentation is divided into five sections. The training module is designed to last approximately three hours. The first section is designed to take approximately 20 minutes, while all other sections are designed to take 40 minutes.
   a. Section 1: Overview
   b. Section 2: Mental Health Needs of Students
   c. Section 3: Classroom Environment
5. The goals of the presentation are as follows:
   a. School personnel will evaluate current practices and then create an individualized or grade-level intervention plan to enhance the effectiveness of response.
   b. Teachers will be able to implement these interventions to best meet the needs of students with behavioral challenges.
6. The Facilitator’s Notes are divided by section and includes the following:
   a. Key Points: comprehensive information beyond what is presented in the Power Point presentation.
   b. Discussion Topics: for the purpose of including participants in the presentation.
   c. Activities: procedures for activities.
Facilitator’s Notes

Section 1: Overview

- **A Student in Crisis (Slide 2)**
  - Dan is a first grade student at Edison Elementary with both academic and behavior problems. Although he has not met the classification criteria for special education eligibility, he does demonstrate high rates of off-task behavior and frequently argues with his teacher and other adults.
  - One day during language arts, one of his peers, Samantha, got out of her seat to sharpen her pencil. Dan told Samantha very loudly that she was not supposed to get out of her seat. The teacher told Dan to mind his own business. Dan asked the teacher why Samantha could get up to sharpen her pencil but he could not do the same.
  - The teacher said to Dan, “You need to copy the sentences from the board.” Dan pushed his desk forward, made faces and said, “I don’t want to!” The teacher walked up to Dan’s desk, grabbed his arms and pulled him up from the chair, looked straight into his eyes and said, “One more word out of your mouth and I will send you to the Behavior Room.” Dan said angrily, “I wish I was dead.” He looked like he was about to cry (Shukla-Mehta & Albin, 2003, p. 156).

- **A Student in Crisis (Slide 3)**
  - Children who exhibit explosive or noncompliant behavior present the most difficult challenge to school personnel and parents (Smallwood, 2003).
  - The increasing number of students who attend school with behavioral and emotional problems is of growing concern.

- **A Teacher’s Challenge (Slide 4)**
  - Teachers who lack the ability to cope with student misbehavior may perceive themselves as unsuccessful, resulting in stress and in extreme cases, teacher burnout (Stoughton, 2007).
  - In a study of teacher-child relationships, teachers expressed more anger and helplessness concerning the child they perceived as most disruptive in their class relating to low levels of competence and job satisfaction (Split & Koomen, 2009).

- **Training Outline (Slide 6)**
  - Prevalence
    - Explore the incidence, cultural considerations and educational implications of childhood mental disorders.
  - Classroom strategies
    - Prevention: Discuss how to create a strength-based classroom and a ‘safe place’ for students.
• Response: Explore warning signs of disruptive behavior and best-practices for response.
• Restoration: Identify how to restore the classroom and reintegrate the student in crisis back into the classroom.

• Pre-test (Slide 7)
  – Answer “yes” or “no” to the following questions
    1. I am able to identify one solution-focused therapy technique that can be used in my classroom.
    2. I am able to identify at least two early warning signs of a student who may be at-risk of having an emotional crisis.
    3. I am familiar with best-practices in responding to disruptive behavior.
    4. I am familiar with the A-B-C’s of crisis response.
    5. I have a concrete plan to follow in the event of an emotional crisis in my classroom.

• Terms to Know
  – Emotional Crisis
    • An emotional crisis refers to a severe emotional or behavioral outburst which the child cannot control that has been caused by overwhelming feelings such as anger, frustration, depression, anxiety, or fear.
    • A child experiencing an emotional crisis may exhibit behaviors ranging from serious aggression or self-injury to uncontrollable crying or complete withdrawal.
  – Emotional Crisis Response
    • An emotional crisis response is a procedure that will allow responders to initiate an intervention for a person experiencing an emotional crisis (Dwyer et al., 1998).
  – School Connectedness
    • School connectedness refers to an academic environment in which students believe that adults in the school care about their learning and about them as individuals (Blum, 2005).
  – Strength-based Classroom
    • A strength-based classroom is a classroom in which a student feels empowered to use his or her strengths to improve weaknesses. Reinforcing a student’s strengths is an ongoing process of interaction between the student and teacher and allows students new avenues to gain attention and recognition (Cantwell, 2006; Melvin, Korthase, & Marquoit, 2005).
  – Psychological First Aid
    • Psychological first aid consists of step-by-step helping actions which attempt to reduce initial distress following a crisis and supporting a return to normal functioning. (Ruzek et al., 2007).
Section 2: Mental Health Needs of Students

- Prevalence (Slide 9)
  - According to a 2000 Surgeon General Report on Children’s Mental Health, a high rate of stability of disorders exists, especially for externalizing disorders that include disruptive behaviors and more aggressive kinds of behavioral problems.
  - Approximately 15 million children and adolescents in the United States have mental health problems that are interfering with their functioning at home or at school, but less than 35% receive treatment for these disorders.
  - Surgeon General Report: Children exhibiting aggressive behavior are vulnerable to significant later maladjustment, including academic failure, and are likely to experience maltreatment by peers.

- Medical Trends: 2008 National Health Interview Survey (Slide 10)
  - 15% of U.S. children aged 4-17 years had parents who talked to a health care provider or school staff member about their child’s emotional or behavioral difficulties.
  - 89% of these children were prescribed medication for Attention-deficit/Hyperactivity Disorder (ADHD)
  - There has been an increase in children receiving stimulant drugs and antidepressants
  - ADHD
    - These children had difficulty with concentration, hyperactivity, or impulsivity
    - Boys were prescribed medication nearly twice as often as girls (6.6% compared to 3.4%)
    - Stimulant drugs: Such as Ritalin, Adderall, Cylert
    - Antidepressants: Such as Prozac, Paxil, Zoloft
    - This may reflect growth in the variety of available medications and greater readiness to prescribe and fund psychotropic medications for the young (Achenback & Dumenci, 2003).

- Common Childhood Mental Disorders
  - Attention-deficit/Hyperactivity Disorder (Slide 12)
    - ADHD is a neurobiological disorder marked by inattention, hyperactivity, and impulsivity.
    - Approximately 3% to 7% of the school-age population has ADHD, with estimates of male-to-female ratios ranging from 4:1 to 9:1.
    - A diagnosis of ADHD is made when a child displays the required number of symptoms of the disorder (6 of 9 symptoms of inattention, 6 of 9 symptoms of hyperactivity-impulsivity, or 6 of 9 symptoms of both) and these symptoms.
Present before the age of 7 years, for at least 6 months, and to a degree that is maladaptive and inconsistent with an individual’s developmental level. Occurs in two or more settings.

- Significantly affects the child’s social or academic functioning.

**ADHD (Slide 13)**

- In the classroom this may look like:
  - Difficulty organizing tasks and activities
  - Loses things
  - Easily distracted
  - Difficulty remaining seated
  - Blurs out answers before questions are asked
  - Memory difficulties
  - Difficulties with social and adaptive functioning

**Anxiety (Slide 14)**

- The central characteristic symptom of anxiety is worry, defined as “an anticipatory cognitive process involving repetitive thoughts related to possible threatening outcomes and potential consequences.” (Huberty, 2008)
- Anxiety disorders are among the most common childhood disorders with girls twice as likely as boys to develop anxiety disorders over the lifespan.
- Over time, a highly anxious child may develop a sense of learned helplessness that leads to avoidance of difficult tasks, low persistence, and withdrawal from tasks where failure is perceived to be likely.
- Separation anxiety disorder is the only anxiety disorder specific to children, although diagnostic criteria for other anxiety disorders can be applicable to either children or adults.
- When anxiety severely interferes with daily functioning, an anxiety disorder may be present.

**Anxiety (Slide 15)**

- In the classroom this may look like:
  - Restlessness
  - Erratic behavior
  - Withdrawal
  - Worry

**Depression (Slide 16)**

- Depression and anxiety frequently occur together with overlapping symptoms reported to be as high as 50%. Further, if both disorders are present simultaneously, anxiety most likely preceded depression.
- The ratio of depressive diagnosis in girls to boys is about 2:1 to 3:1. Rates for girls tend to increase at about 13-15 years old.
- When depressive patterns begin to cause impairment in personal and social functioning, a disorder may be present.
– Depression (Slide 17)
  • In the classroom this may look like:
    – Shows limited effort
    – Irritability
    – Inappropriate responses to events
    – Concentration problems

• The Impact of Poverty (Slide 18)
  – Children from impoverished communities are more likely to have behavioral and academic difficulties and face a range of acute and chronic stressors that are different than what children from more privileged backgrounds experience (Mendez, 2010).
  – Acute stressors: Exposure to community violence and homelessness.
  – Chronic stressors: Hunger, insufficient household heat, decrepit living conditions, and worries about the safety of loved ones (Buckner, Mezzacappa, & Beardslee, 2009).
Section 3: Classroom Environment

- **A Model of Prevention, Response and Restoration (Slide 20)**
  - Classroom Environment
    - Establish a positive teacher-student relationship and a strength-based classroom
  - Crisis Response
    - Response to a child experiencing an emotional crisis with student safety as the main focus
  - Restoration
    - Psychological intervention for the student and reintegration of the student into the classroom environment

- **Efficacy of positive teacher-student relationships (Slide 22)**
  - The development of children’s early competencies in several domains has been linked to (and is perhaps facilitated by) the quality of the teacher-child relationship (Pianta & Stuhlman, 2004).
  - Emotional support and closeness function as protective factors for children with behavior problems (Spilt and Koomen, 2009).

- **Efficacy of positive teacher-student relationships (Slide 23)**
  - Students who feel connected to teachers are more likely to use those teachers as models, accept feedback from them, try to meet their behavioral expectations, and perform better academically (Osher et al., 2008).

- **Creating a Safe Place (Slide 24)**
  - A safe classroom environment not only promotes a sense of community, but provides a safe haven for students within its physical structure (Bafumo, 2006).
  - A “safe place” can be used as a preventative measure, allowing students to regain composure instead of breaking down (Smallwood, 2003).
  - In addition to encouraging students to use the safe place when upset, it can be used to remove a student experiencing an emotional crisis from the main classroom space (Dwyer et al., 1998).

- **Creating a Safe Place (Slide 25)**
  - The safe place must be calm, removed from the main classroom space, and known to students.
  - The safe place may be located in a corner of the classroom, behind a partition, or in an alcove.
  - The safe place should be fairly private, comfortable, and accessible for all students (Bailey, 2001)
• Strength-based Classroom (Slide 26)
  – Classroom management is directly tied to levels of student involvement and academic achievement, making it an important component of teaching (Reinke, Lewis-Palmer, & Merrell, 2008).
  – The teacher intentionally and consistently focuses on a student’s strengths and resources, identifies a student’s “signature strengths;” strengths that students already possess (Cantwell, 2006).
  – Reinforcing a student’s strengths is an ongoing process of interaction between the student and teacher and allows students new avenues to gain attention and recognition (Melvin, Korthase, & Marquoit, 2005)
  – The teacher tries to change the context from one of failure (problem-focused) to hopefulness (solution-focused), looking for competency even if it is minimal (Metcalf, 2003).

• Solution-focused Brief Therapy Techniques (Metcalf, 1999)
  – Strength-Based Language: (Slide 28)
    • Highlights what the student is doing that is working. It invites the student to do more of what is already working or to try changes to achieve success.
    • The teacher asks the student, “How did you do that?” or “How have you managed to prevent things from becoming worse?”
  – Miracle Question: (Slide 29)
    • The miracle question helps to generate the first small steps of “solution thinking” by helping the student describe small, realistic doable steps they can take as soon as the next day.
    • For example, “If you woke up tomorrow and discovered that a miracle had occurred overnight, what would be different as you went through your day that would tell you things were better for you?”
    • To encourage the student to begin taking action, an additional question would be, “How could you begin achieving that on a very small scale, on your own, just for the next week?”
  – Exceptions: (Slide 30)
    • Something that happens instead of the problem
    • Often spontaneously and without conscious intention
    • The question asked to the student is, “What is different about the times when this is less of a problem?”
  – Scaling: (Slide 31)
    • Scaling is useful in helping students to assess their own situations, track their progress, or evaluate how others might rate them on a scale of 1 to 10.
    • “On a scale of 1 to 10 with 1 being the problem is in control to 10, you are in control of the problem; where are you at today? Where would you like to be next time and what will you need to do to get there?”
Section 4: Crisis Response

- Establishing a Plan (Slide 33)
  - Develop a procedure that will allow staff members to initiate an intervention for a student experiencing an emotional crisis (Dwyer, Osher, & Warger, 1998).
  - Identify which staff members, including other teachers, administrators, and school psychologists, will be involved (Barbetta, Norona, & Bicard, 2005).
  - Partner teachers to provide additional assistance and supervision of students when the classroom teacher is engaged in helping the child in crisis. (Barbetta et al., 2005)
  - Select community outlets, including the district or community police departments, county mental health workers, or local mental health hospitals that may provide assistance (Adamson & Peacock, 2007).
  - Include steps for keeping all staff members and students, including the student in crisis, free from harm (Dwyer et al., 1998).

- Activity: Creating a Plan (Slide 34)
  - The teacher’s responsibility:
    - Who to Call
    - Partner Teacher(s)
    - Evacuation Areas
  - Activity Directions: Direct participants to the Creating a Crisis Response Plan worksheet. Encourage participants to brainstorm people available to contact in a crisis, teachers to partner with, and appropriate areas to evacuate students at their school site.

- Early Warning Signs (Slide 35)
  - Teachers and other staff members must be made aware of students with mental illnesses, emotional disturbances, and severe behavioral difficulties in order to adequately meet the needs of these children.
  - Students with these difficulties may not necessarily turn to violence as a coping mechanism, but may express their frustration with severe emotional outbursts or self-injurious behavior (Gecker, 2008).
  - All staff members need to be aware of the early warning signs associated with emotional outbursts and violence, but must take care not to misinterpret warning signs (Dwyer et al., 1998).

- Early Warning Signs (Dwyer et al., 1998)
  - Environmental: (Slide 36)
    - being a victim of violence
    - drug and alcohol abuse
    - gang affiliation
    - access to weapons
- Social: (Slide 37)
  - social withdrawal
  - being bullied
  - intolerance of differences
- Emotional: (Slide 38)
  - feelings of isolation
  - rejection
  - uncontrolled anger
- Behavioral: (Slide 39)
  - low school interest
  - depictions of violence in writings or drawings
  - bullying others
  - a history of past aggressive or violent behavior
  - a history of discipline problems
  - serious threats of violence

- Imminent Warning Signs (Slide 40)
  - Imminent warning signs can signal to staff members that a student is close to engaging in dangerous or severely disruptive behavior.
  - They differ from early warning signs in that the behaviors are much more severe and require an immediate response.
  - When imminent warning signs are present, the safety of the child and others is the foremost priority.
  - At the time an imminent warning sign is recognized, initiate the response plan for a child in crisis (Dwyer et al., 1998, Dwyer & Jimerson, 2002).

- Imminent Warning Signs (Slide 41)
  - serious physical fighting with other students or family members
  - severe destruction
  - extreme rage for seemingly minor occurrences
  - detailed threats of serious violence
  - possession of a weapon
  - self-injurious behavior
  - threats of suicide (Dwyer et al., 1998)

- Responding to Disruptive Behavior (Slide 42)
  - Initiate the crisis plan as soon as a student show signs of an emotional crisis (Loucks, Rutledge, Hatch, & Morrison, 2010).
  - In the event that a student experiences an emotional crisis in the classroom and is unable to regain control over his or her behavior, try to maintain composure (Widger, 2007).
  - The safety of all students and staff members, including the student in crisis, must be ensured (Merchen, 2010).
• Responding to Disruptive Behavior (Slide 43)
  – Avoid exacerbating student outbursts and violent behavior by attempting to de-escalate the crisis through physical or threatening means.
  – Validating the child’s feelings and reinforcing appropriate behavior or coping strategies is also important when communicating with the child.
  – With a student demonstrating violent behavior, just standing in the room may be the best course of action for the supervising staff member until help arrives (Merchen, 2010).

• The ABC’s of Crisis Response (Slide 44)
  – Alert Response Staff
  – Be Safe!
  – Keep Calm
  – Don’t Interfere
  – Evacuate Students (if necessary)
  – Validate Feelings until help arrives

• Responding to Disruptive Behavior (Slide 45)
  – The first step of the crisis response plan should be contacting identified responders such as school administrators, school psychologists, and partnering teachers (Dwyer et al., 1998).
    • A quick response from these personnel will lessen the emotional, psychological and physical damage a student in crisis may cause.

• Responding to Disruptive Behavior (Slide 46)
  – The next step will be to ensure the safety of all parties involved.
  – In the event the student becomes violent or destructive, the classroom may need to be evacuated in order to keep other students from harm (Dwyer et al., 1998).
    • The evacuated students may be taken to a neighboring classroom to be supervised by another teacher or to a common gathering area, such as the cafeteria, to be supervised by support staff.
  – If the student is not violent, but self-injurious or inconsolable, the student may be moved away from the classroom space in order to allow for a private psychological intervention by trained personnel (Dwyer & Jimerson, 2002).

• Responding to Disruptive Behavior (Slide 47)
  – The classroom teacher or staff member who initiated the crisis response plan may consider staying within a safe proximity to the child in crisis until help arrives to ensure the child’s safety.
  – While waiting for response personnel to arrive, teachers and school staff must model composure and facilitate communication with the child.
While untrained personnel should not try to “fix” the situation, these staff members can speak calmly to the child, allow the child to vent, and validate the child’s feelings (Widger, 2007).

Responding to Disruptive Behavior (Slide 48)

- Responders are encouraged not to physically intervene to protect school or personal property from a student’s violent outburst in order to avoid injury (Merchen, 2010).
- It is recommended that responders not take items from the student or stand in the student’s way because these actions could be perceived as threatening to an agitated child and may exacerbate the student’s violent behavior (Merchen, 2010).
- Only personnel trained to use physical interventions should engage the child physically and only then in the most minimally invasive way (West & Kaniok, 2009).
Section 5: Restoration

- **Psychological Intervention: Psychological First Aid (Slide 50)**
  - After a crisis occurs in the classroom, care must be taken to restore the classroom environment (Brock, 1998).
  - Letting the child know that he or she is cared for, no matter what occurred, will foster hope and security for the future (Dwyer et al., 1998).
  - It will be important to calmly discuss the situation with the student upon their return to the classroom (Dwyer & Jimerson, 2002).

- **Psychological Intervention: Psychological First Aid (Slide 51)**
  - Other students in the classroom community may also need to discuss their feelings regarding the incident (Brock, 1998).
    - Within the classroom community, children are able to connect with social supports to facilitate copying and share feelings and experiences (Ruzek, et al., 2007).
  - Students may need guidance on how to act when the child in crisis re-enters the classroom.
  - The classroom community can design a plan that makes it easier for the students, including the student in crisis, to cope following a crisis incident (Dwyer et al., 1998).

- **Psychological Intervention: Psychological First Aid (Slide 52)**
  - **Listen**
    - Listen and pay attention to what they say and how they act.
    - Remember that students may also show their feelings in non-verbal ways, like increased behavioral problems or increased withdrawal.
    - Let students know you are willing to listen and talk.
  - **Protect**
    - Answer questions simply and honestly, clearing up confusion students may have.
    - Let your students know that they are not alone in their experience.
    - Provide opportunities for your students to talk, draw, and play, but don’t force it.
    - Talk to your students about what is being done by the school and community to keep everyone safe from harm.
    - Watch for anything in the environment that could re-traumatize your students.
    - Keep your eyes and ears open for bullying behaviors.
    - Maintain daily routines, activities, and structure with clear expectations, consistent rules, and immediate feedback; limit unnecessary changes.
    - Find ways for your students to feel helpful to your classroom, the school, and the community.
Connect

• “Check in” with students on a regular basis.
• Find resources that can offer support to your students and classroom.
• Keep communication open with others involved in your students’ lives (parents, other teachers, coaches, siblings, etc.).
• Encourage student activities with friends, including class projects and extracurricular activities.
• Empathize with your students by allowing a little more time for them to learn new materials.
• Build on your students’ strengths. Find ways to help them use what they have learned in the past to help them deal with the incident (Schreiber, Gurwitch, & Wong, 2006)

Reintegration into the Classroom (Slide 53)

• Following a serious crisis incident, it is recommended that the physical classroom environment be made as normal as possible (Brock, 1998).
• It is important to re-enter the child who experienced the crisis back into the place where the crisis occurred in order to adequately resolve the crisis (West & Kaniok, 2009).
• Discuss with the child how their actions affected other students and the consequences of those actions. This may help child take responsibility for the incident (West & Kaniok, 2009).
• Other students may also participate in this process to offer ideas that will support the student in the future in order to facilitate the rebuilding of the classroom community (Schubert, 2007).

Using SFBT to help the student reintegrate (Slide 54)

• Using therapeutic techniques, such as SFBT, will allow the teacher and student to focus on prevention of future incidents instead of dwelling on what has occurred already.
• Allowing the child to share how he or she would like things to be and what he or she is already doing to make that happen will help the child realize that change is possible.
• This also allows the student and teacher to set goals together that will facilitate positive change with regards to the child’s behavior.
• The child can walk away from the conversation feeling hopeful, instead of shameful, after an emotional crisis incident.

Using SFBT to help the student reintegrate (Slide 55)

• Exceptions
  • Something that happens instead of the problem
  • Example: “Can you think of a time you able to complete your work?”
– Strength Based Language
  • Highlights what the student is doing that is working.
  • Invite them to do more of what is working or try changes.
  • Example: “How did you do that? What did you do to make that happen?”

– Miracle Question
  • Helps to generate the first small steps of ‘solution thinking’ by helping students describe small, realistic doable steps they can take as soon as the next day.
  • Example: “If you woke up tomorrow and discovered that a miracle had occurred overnight, what would be different as you went through your day that would tell you things were better for you? What’s the first step you can do to help make that happen?”

– Scaling
  • Useful in helping students to assess their own situations, track their progress, or evaluate how others might rate them on a scale of 1 to 10.
  • Example: “On a scale of 1=the problem is in control, to 10=you are in control of the problem; where are you at today? Where would you like to be on the scale? What can you do to make that happen?”

• Changing Behavior Through Positive Behavioral Interventions (Slide 56)
  – An FBA may be necessary to prevent future occurrences of the behavior (Smallwood, 2003). Completed by school psychologist.
  – Outside counseling with a community agency may also be necessary to help the student work through the feelings that led to the psychological crisis (Sandoval et al., 2009). Facilitated by school counselor or school psychologist.
  – Students can be taught to monitor their feelings for signs of a meltdown and advocate for their own emotional well-being through behavioral interventions such as time outs from work or a rewards system for appropriate behavior (Smallwood, 2003).

• Post-test (Slide 57)
  – Answer “yes” or “no” to the following questions
    1. I am able to identify one solution-focused therapy technique that can be used in my classroom.
    2. I am able to identify at least two early warning signs of a student who may be at-risk of having an emotional crisis.
    3. I am familiar with best-practices in responding to disruptive behavior.
    4. I am familiar with the A-B-C’s of crisis response.
    5. I have a concrete plan to follow in the event of an emotional crisis in my classroom.
APPENDIX C

Participant Activities and Handouts
Disruption in the Classroom: Prevention, Response, and Restoration

Agenda

Section 1: Overview
- A Student in Crisis
- A Teacher’s Challenge
- Pre-test

Section 2: Mental Health Needs of Students
- Prevalence
- Medical Trends
- Common Childhood Mental Disorders: ADHD, Anxiety, Depression
- The Impact of Poverty

Section 3: Classroom Environment
- A Model of Prevention, Response, and Restoration
- Efficacy of positive teacher-student relationships
- Creating a Safe Place
- Strength-based Classroom
- Solution-focused Brief Therapy Techniques

Section 4: Crisis Response
- Establishing a Plan
- Activity: Creating a Plan
- Early Warning Signs
- Imminent Warning Signs
- Responding to Disruptive Behavior
- The ABC’s of Crisis Response

Section 5: Restoration
- Psychological Intervention: Psychological First Aid
- Reintegration into the Classroom
- Using SFBT to help the student reintegrate
- Changing Behavior Through Positive Behavioral Interventions
- Post-test
Pre / Post Teacher Survey

Mark a Y for ‘yes’ or an N for ‘no’ for each statement.

1. I am able to identify one solution-focused therapy technique that can be used in my classroom.

2. I am able to identify at least two early warning signs of a student who may be at-risk of having an emotional crisis.

3. I am familiar with best-practices in responding to disruptive behavior.

4. I am familiar with the A-B-C’s of crisis response.

5. I have a concrete plan to follow in the event of an emotional crisis in my classroom.
## Common Childhood Mental Disorders

### Attention-deficit/Hyperactivity Disorder Symptoms

<table>
<thead>
<tr>
<th>Behavioral</th>
<th>Cognitive</th>
</tr>
</thead>
</table>
| **Inattention** | - Uses time inefficiently  
- Fails to use appropriate problem-solving or recall strategies  
- Learning disabilities  
- Memory difficulties (difficulty memorizing rote information, forgetting to write down homework assignments, neglecting to bring home materials needed to complete homework assignments, forgetting to check assignment books when doing homework, forgetting to bring completed homework to school)  
- Difficulties with social and adaptive functioning (poor self-help skills, limited insight into his or her problems, externalizing blame and becoming defensive when criticized, aggressive with peers, inflexibility, tantrums)  
- Limited persistence  
- Emotional reactivity |
| - Fails to give close attention to details/make careless mistakes  
- Difficulty sustaining attention  
- Does not seem to listen  
- Lack of follow through  
- Difficulty organizing tasks and activities  
- Avoids/dislikes tasks requiring sustained mental effort  
- Loses things  
- Easily distracted  
- Forgetful  
- Fidgets with hands or feet  
- Difficulty remaining seated  
- Runs about/climbs excessively  
- Difficulty playing quietly  
- On the go, “Driven by a motor”  
- Talks excessively  
- Blurs out answers before questions are asked  
- Difficulty waiting turn  
- Interrupts or intrudes on others |

Brock, Grove, Searls, & Martinez, 2008.  
Sattler, Weyandt, & Willis, 2006.
Anxiety Symptoms

<table>
<thead>
<tr>
<th>Behavioral</th>
<th>Cognitive</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Motor restlessness</td>
<td>• Concentration problems</td>
</tr>
<tr>
<td>• Fidgety</td>
<td>• Memory problems</td>
</tr>
<tr>
<td>• Task avoidance</td>
<td>• Attention problems</td>
</tr>
<tr>
<td>• Rapid speech</td>
<td>• Oversensitivity</td>
</tr>
<tr>
<td>• Erratic behavior</td>
<td>• Problem solving</td>
</tr>
<tr>
<td>• Irritability</td>
<td>• Worry</td>
</tr>
<tr>
<td>• Withdrawal</td>
<td>• Cognitive dysfunctions, distortions, deficiencies</td>
</tr>
<tr>
<td>• Perfectionism</td>
<td></td>
</tr>
<tr>
<td>• Lack of participation</td>
<td></td>
</tr>
<tr>
<td>• Failing to complete tasks</td>
<td></td>
</tr>
<tr>
<td>• Seeks easy tasks</td>
<td></td>
</tr>
</tbody>
</table>

Huberty, 2008.

Depression Symptoms

<table>
<thead>
<tr>
<th>Behavioral</th>
<th>Cognitive</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Depressed mood</td>
<td>• All-or-none thinking</td>
</tr>
<tr>
<td>• Social withdrawal</td>
<td>• Catastrophizing</td>
</tr>
<tr>
<td>• Does not participate in usual activities</td>
<td>• Memory problems</td>
</tr>
<tr>
<td>• Shows limited effort</td>
<td>• Concentration problems</td>
</tr>
<tr>
<td>• Decline in self-care or personal appearance</td>
<td>• Attention problems</td>
</tr>
<tr>
<td>• Decreased work or school performance</td>
<td>• Negative view of self, world, and future</td>
</tr>
<tr>
<td>• Appears detached from others</td>
<td>• Automatic thinking</td>
</tr>
<tr>
<td>• Crying for no apparent reason</td>
<td>• Negative attributional style</td>
</tr>
<tr>
<td>• Inappropriate responses to events</td>
<td>• Negative affect</td>
</tr>
<tr>
<td>• Irritability</td>
<td>• Feelings of helplessness/hopelessness</td>
</tr>
<tr>
<td>• Apathy</td>
<td>• Low self-esteem</td>
</tr>
<tr>
<td>• Uncooperative</td>
<td>• Difficulty making decisions</td>
</tr>
<tr>
<td>• Suicide attempts</td>
<td>• Feels loss of control</td>
</tr>
<tr>
<td></td>
<td>• Suicidal thoughts</td>
</tr>
</tbody>
</table>

Huberty, 2008.
Early Warning Signs

- Environmental:
  - being a victim of violence
  - drug and alcohol abuse
  - gang affiliation
  - access to weapons

- Social:
  - social withdrawal
  - being bullied
  - intolerance of differences

- Emotional:
  - feelings of isolation
  - rejection
  - uncontrolled anger

- Behavioral:
  - low school interest
  - depictions of violence in writings or drawings
  - bullying others
  - a history of past aggressive or violent behavior
  - a history of discipline problems
  - serious threats of violence

Dwyer, Osher, & Warger, 1998
Imminent Warning Signs

- Serious physical fighting with other students or family members
- Severe destruction
- Extreme rage for seemingly minor occurrences
- Detailed threats of serious violence
- Possession of a weapon
- Self-injurious behavior
- Threats of suicide

Dwyer, Osher, & Warger, 1998
Creating a Crisis Response Plan

Who I can call:  Principal: 
Vice Principal: 
School Psychologist: 
On-campus Security: 
Other: 
Other: 

My Partner Teacher(s): 

Where I can take students: 

The ABC’s of Crisis Response

- Alert Response Staff
- Be Safe!
- Keep Calm
- Don’t Interfere
- Evacuate Students (if necessary)
- Validate Feelings until help arrives
REFERENCES


