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.