

The Effect of a Verbal De-escalation Crisis Intervention Program on the Self Awareness of
Middle School Students in a Behavior Learning Support Self-Contained Classroom

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Table of Contents

List of Tables	i
Abstract	ii
I. Introduction	1
Statement of the Problem	2
Statement of Research Hypothesis	2
Operational Definitions	2, 3
II. Literature Review	4
Special Education of Exceptional Students	4
Defining Emotional Disturbance	6
Characteristics of Emotional Disturbance	8
Aggression and Emotional Disturbance: The Dilemma	8
The Crisis Cycle	13
School Placement and Intervention Strategies	14
Interventions	16
Summary/Conclusion	19
III. Methods	21
Design	21

Participants	21
Instrument	21
Procedure	22
IV. Results	24
V. Discussion	28
Implications of the Results	28
Threats to Validity	30
Connections to Previous/Existing Literature	30
Implications for Future Research	30, 31
Conclusion/Summary	31
References	32
Appendix (Survey)	35

List of Tables

1. Table 1: Awareness of What to Do When Upset	25
2. Table 2: Awareness of Physical Feelings When Upset	26
3. Table 3: Students Awareness of How to Communicate When Upset	27

Abstract

The purpose of this study was to create and implement a verbal de-escalation procedural plan that staff can teach and students can implement in order to cut down on physical restraint in a Behavior Learning Support (BLS) self-contained classroom for students with behavioral issues. The study was a quasi-experimental design with a pre-test/post-test assessment strategy. The purpose was to determine if the students who received elements of a Learned Resourcefulness curriculum during a social skills class gained self-awareness of what leads to a crisis. Self-awareness did increase from the results of a pre-survey and post-survey, resulting in the null hypothesis that self-awareness would not increase, not being supported. Overall, further research across a larger population is recommended due to the increase in self-awareness.

CHAPTER I

INTRODUCTION

Overview

In schools that deal with adolescents labeled aggressive or emotionally disturbed, there is a constant need to ask how crisis intervention statistics can be improved. This can be done by increasing students' and staff's ability to perform excellent verbal de-escalation techniques in order to achieve success in the self-contained classroom. It has been noted that students with emotional and behavioral issues often struggle in conventional school systems, leading them to become disenfranchised, exhibit negative behavior, or drop out more often as compared to non-disabled peers. Lange, Sletten, & National Association of State Directors of Special Education (2002) in their report found that among students with disabilities, those with emotional disturbance (ED) were found to be at the highest risk for dropping out. This issue is compounded further because there is not a clearly defined national procedural de-escalation practice that is highly effective, which all students and staff can follow, when dealing with aggressive behaviors that lead to crisis (escalation of emotion). Due to this lack of procedural alignment from state to state, students with behavioral disorders lack a program to learn how to deal with their emotions, which in turn leads to escalation and often staff intervention that relies on physical restraint.

The need for crisis intervention that uses non-physical means is especially important in working with adolescents with behavior disorders, such as emotional disturbance or aggression. Pearce (2009) found the most important intervention strategy for limiting problem behaviors is early intervention and early identification. Because of this need, schools must learn to develop programs and classes that help both students and staff learn how to identify behaviors and learn to prevent them from becoming crises.

Statement of Problem

With so many different programs and interventions being used to deal with emotionally disturbed or aggressive youth, the need to find a set of verbal de-escalation strategies that will work in lieu of physical restraint when dealing with explosive youth is paramount in improving crisis intervention statistics in schools. The goal of this study is to create and implement a verbal de-escalation procedural plan that staff can teach and students can implement in order to cut down on physical restraint in a Behavior Learning Support (BLS) self-contained classroom for students with behavioral issues.

Hypothesis

Within a crisis intervention program or procedural map, are there certain techniques that are directly related to successful reductions in the need for physical intervention during crisis situations? The null hypothesis is that students will show no differences or change in response to self-awareness “buzz” words of the Learned Resourcefulness curriculum and will not become more self aware of triggers for crisis.

Operational Definition

The independent variable was the **implementation of social skills**. This was operationalized via the *Learned Resourcefulness approach*. This approach consisted of self-control, small group techniques, teacher conducted educational interventions to reduce aggression before a crisis developed, learned resourcefulness skills, control of thoughts, identification of social cues to control angry emotions in a positive manner, identify empathy and compassion for others, and develop role playing, stories, group discussions, and plans for future behaviors.

The dependent variable was student *self control*. The data was gathered by a self-awareness questionnaire, which measured their ability to be aware of certain aspects of themselves, such as behavior, emotions, thought process, motivation, and social communication.

CHAPTER II

REVIEW OF THE LITERATURE

Introduction

The following literature review examines the need and effect of non-physical intervention strategies primarily used to help de-escalate explosive and aggressive adolescent students who are in educational placements due to serious behavioral issues, are labeled emotionally disturbed, or have a history of aggression. The first section will define basic terms related to special education. The second section will examine emotional disturbance (ED) and terms related to disability, aggression, and criteria for placing students into restricted environments. The third section will look at the crisis cycle. Finally, the fourth section will look at educational placements for students with aggressive behavioral challenges, investigating why a more restrictive environment is sometimes warranted in order to increase student services that provide intervention to help with behavioral management. In this section several intervention techniques used with violent/aggressive/ED are identified and examined, making the case for an excellent “verbal de-escalation” plan or training program that combines several intervention models that decrease aggression.

Special Education of Exceptional Students

Before exploring or examining different types of behavior disorders or disabilities, it is important to define a number of terms and introduce some basic information about education of exceptional students, also known as special education. According to the *Encyclopedia of Applied Psychology* (2004), exceptional students comprise nearly 13% of all American school-age children. Of that 13%, 10% are labeled with a disability (Exceptional Students, 2004). In 1975, the U.S. government moved to protect such students by creating the *All Handicapped Children*

Act, which became the P.L. 94-142 *Individuals with Disabilities Act* (IDEA) in 1990, with a more refined version being completed in 1997 (Vaughn, Bos, & Shumm, 2003). There are several major components to the law that protect students with disabilities, such as zero reject (that no student can be denied an education due to their disability), non-discriminatory evaluation, appropriate and beneficial education (if a placement is not beneficial it will be changed), least restrictive environment (LRE), procedural due process (legal rights for all involved in the process), parent and student participation, continuum of services (beyond traditional school limits up to age 21), and the development of an Individualized Education Plan (IEP), and other documents that protect students through the entirety of their education (Exceptional Students, 2004).

According to IDEA (P.L. 94-142), a continuum of educational services must be available to students, with consideration of educational placement being “dynamic and ongoing” (Vaughn, et al., 2003, p 20). This means that placements, labeling of students with one of the 13 disability codes, and decisions about least restrictive environment (LRE) must be discussed annually. Examples of the codes students can fall under are anything from a “specific learning disability” to a “serious emotional disturbance.” In all cases, once students are referred to special education services, a series of referral meetings take place to make the decision to place students. However, before students can be labeled, they must meet the qualifications of each disability (Vaughn, et al., 2003). Once a student has been diagnosed, an eligibility meeting takes place to determine what type of special education services the student requires, in what type of setting, how they will receive them, and how often. Next, a series of individualized goals are created to steer teachers and counselors toward success with the development of an IEP.

In an annual IEP meeting, several documents are created. First, an IEP is developed, outlining a student's educational plan for the year. (Exceptional Students, 2004). Each plan includes the type of educational placement, the services to be provided, progress made from the past year, assessment scores or evaluation results, and the goals and objectives for the upcoming year. Additional documents can be created, such as a Functional Behavioral Assessment (FBA), which is a "criterion for determining the function or purpose of behavior." From an FBA, a Behavioral Intervention Plan (BIP) can be designed outlining how behavior will be managed, what interventions might be used to prevent, limit, or intervene in the problem behavior, and who will provide such management (Vaughn, et al., 2003).

After an eligibility meeting, placement review, or school-based team meets to discuss formal and informal assessment, they can label the student with a disability code, such as an emotional or behavioral disability. Depending on the label, the team will ask a series of questions that will determine if they can get a unanimous vote from all members of the IEP team, including the parents, parent advocates (if they exist), educational attorneys, teachers, administrators, counselors, and other educational stakeholders that there is "justification" for the placement.

Defining Emotional Disturbance

Emotional disturbance (ED) is a very difficult disability to diagnose and classify, due to the ongoing debate over how to create criteria to adequately place students into the category (Emotional Disorders, 2006). According to various educational agencies, ED can be defined informally as "students whose behavior falls considerably outside the norm" (Vaughn, et al., 2003, p105). This definition might work as a starting point for how to begin the process of finding students that might be categorized with behavior disorders; however, much more needs

to be considered before giving any student such a controversial diagnosis. According to the Federal Government and IDEA (P.L. 94-142) the definition of Emotional Disturbance is as follows:

- (i) The term means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects educational performance including:
 - a. An inability to learn that cannot be explained by intellectual, sensory, or health factors.
 - b. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
 - c. Inappropriate types of behavior or feelings under normal circumstances;
 - d. A general pervasive mood of unhappiness or depression; or
 - e. A tendency to develop physical symptoms or fears associated with personal or school problems. (Vaughn, et al. 2003, p105).

In the United States during the 2000-2001 school year, out of 5,762,935 students with disabilities ages 6-21, 472,932 of them were labeled emotional disturbance as noted by IDEA (Exceptional Students, 2004). This group of students falls within a spectrum in regard to the disability from mild to severe, along a broad classification as either internalizing behaviors (self-loathing, negative thoughts, shyness, withdrawal, fears/phobias, or anxiety) or externalizing behaviors (aggression, hitting, lack of attention, impulsivity, etc) (Vaughn, et al., 2003). Examples of various classifications that may alone or together comprise a diagnosis are the following: Conduct disorders and aggression, hyperactivity, socialized aggression, pervasive developmental disorder, immaturity, depression, and anxiety withdrawal. A team of educators

may look at the frequency, number of symptoms, the factors affecting others or the student, the persistence, and the severity and duration of the disability to determine what underlies the disorder. Once the team has looked at the data, a good definition and label can be placed on the student to help the team determine placement and services.

Characteristics of Emotional Disturbance

In regard to the characteristics or causes of emotional disturbance, several factors must be considered such as environmental, biological, psychological, and socioeconomics. Vaughn, et al. (2003) notes that the rate of sexual abuse among students with all disabilities is unknown. However, in regard to students with emotional disabilities, 74% of females and 20% of males labeled ED in one study had been sexually abused (Vaughn, et al., 2003) Poverty as well has been noted as a contributing factor, as well as effects of alcohol/drug abuse while in utero being exposed to abuse/violence, stressors, poor diet, and other environmental factors. One important element to note, however, is that emotional and behavioral disorders do not directly reflect on parents. What is clear is that if students are predisposed genetically and exposed to environmental factors, such as family violence, a higher rate of disorder may be present (Vaughn, et al., 2003). In regard to this research, the focus will be on externalizing behaviors, namely aggression, and certain factors that lead to emotional and behavioral disorders that escalate to violence/explosions/acting out behavior.

Aggression and Emotional Disturbance: The Dilemma

One of the major components and forms of behavior displayed by adolescents with behavior disorders, such as emotional disturbance, is aggression. The Encyclopedia for Human Behavior (Volume 1, 1994, p. 39) defines aggression “as a physical or verbal behavior that is

intended to injure or destroy”. Another view, noted in a study by Hage, Van Meigel, Fluttert, & Berden (2009), which looks into aggressive behavior in an adolescent psychiatric setting, states aggression can be defined as: “A form of behavior which leads to self-assertion; it may arise from innate drives and/or response to frustration; may be manifested by destructive and attacking behavior, by covert attitudes of hostility and obstructionism, or by healthy self-expressive drive to mastery” (Hage, et al., 2009 p. 662).

Similarly, a report by the World Health Organization (WHO) reported that assaults involving adolescents and young adults are the leading causes of death, injuries, and physical disability, describing such “physical aggression” as a behavior that is “learned” during adolescence (Barker, Tremblay, Nagin, Vitaro, & Lacourse, 2006, p.783). Also noted in the same study listing the WHO report, the author’s state aggression is a “complex phenomenon” that has multiple functions with “different developmental trajectories” (Barker, et al., 2006, p. 783).

Once a general definition of aggression is developed, the complexity of the term is examined when looking at the two major types of aggression: ‘reactive aggression’ (RA) and ‘proactive aggression’ (PA). The difference between these two types is that one is based on reacting to a situation without a premeditated intention to do harm or be aggressive (RA), while the other is described as “goal-oriented, predatory aggression, requiring neither provocation nor anger” (Barker, et al., 2006, p. 783). In the study, researchers found that both types of aggression are highly related due to numerous studies, reaching “reliable and valid measurement and construct validity.” In numerous studies, however, RA is more associated with adolescent issues, such as behavior problems in the classroom, problem peer relations, and other ED behaviors.

More specifically, PA has been noted as a defining element for more severe emotional disorders, such as conduct disorder, serious emotional disturbance, etc. What Barker, et al. (2009) suggested in their study was that “the observed decrease in the frequency of physical aggression from childhood to adulthood is largely driven by a decrease in RA. In their study, they suggested that brain maturation helps to increase control over negative emotions, which may lead to goal oriented aggression, and thus less explosiveness, learning to use purpose behind emotions, limiting physical reactions. They also found that early adolescence is an especially difficult period of time for adolescents (males in this case) with “weak abilities to regulate emotionally-based reactions” (Barker, et al., 2009, p. 787).

This finding by Barker regarding students who are “at risk” when it comes to emotional regulation in early adolescence to later adolescence is critical when looking at emotional disturbance in youth. Though age, in correlation with aggression/delinquent behaviors, has been investigated in studies leading to mixed findings (Najman, Hayatbakhsh, McGee, Bor, O’Callaghan & Williams, 2009), perhaps the very fact that adolescence is a “risk” period must be examined further. It is at this period of time that other factors show links to aggression and emotional disturbance. Several are examined.

One study by Silver (2008) on how to identify children and adolescents at risk for depression and aggression noted that incidents of aggression in schools that have students with emotional disabilities may take place because they mask depression. From this research, students who mask depression may do so with antisocial behavior, expressing fantasies of violence, annihilation, and death. He noted that often the “depression” is misdiagnosed or undiagnosed, perhaps instead as a general label of ED. Silver found that children with depression might have difficulty expressing feelings in words and that the prevalence of depression increases from

childhood to adolescence due to this inability. Along with this increase, is the rate of both adaptive and maladaptive aggression, depression becomes the constant that must be addressed. The Encyclopedia of Special Education (2006) noted that “childhood depression is a viable diagnosis in recent years” for labeling students emotionally disturbed (Special Education, 2006, p. 2). Also noted, as similar to Silver (2008) study, “masked versions” of depression were examined, especially referring to acting out behaviors (History of Special Ed, 2006).

The increase in aggression, as students get older, was noted by Najman et al., (2009) in their study on the impact of puberty on aggression and delinquency. In their examination, they noted that puberty is a sensitive time during which adolescents demonstrate rapid changes in aggressive or delinquent behavior. Puberty in early adolescence is one period associated with increase in aggressive behavior due to the process of hormonal changes indicated as biological, physical, and social feelings. Yet, they found that, though there was no specific finding that proved puberty always increased aggression, over a progressive period of time due to early onset of puberty, they did note that “with regard to prevention, our findings suggest that early puberty/adolescence may be the most appropriate time to initiate programs” for prevention or intervention of aggressive/delinquent behaviors (Najam et al., 2009, p. 369-371).

Another factor that may lead to aggressiveness or emotional difficulties in adolescence is personality and agreeableness, as noted in a study by Gleason, Jensen-Campbell, & Richardson (2004). This study examined the contribution of agreeableness to aggressive behavior in early adolescence. The study focused on aspects of personality as defined as “structured individual differences organized to assist a person and his/her adaptation to the environment” (Gleason, et al., 2004, p. 44). When examining adolescent personality with this in mind, agreeableness was found to large amounts of variance when describing self or others. This variation was found to

have a link to the onset of an early self-regulatory process needed to maintain interpersonal relationships.

When looking at agreeableness from this perspective, the ability of a student to then show this trait would be closely linked to the development of aggression. Thus the self-regulatory process can be defined as a person's ability to inhibit actions in three distinct domains: emotionally, socially, and activity. This can be closely linked to the adolescent who shows anti-social personality, who if not looking to be agreeable, thus find themselves more open to negative emotions and unwilling to find solutions (Gleason, et al., 2004).

Another aspect of agreeableness is interpersonal behavior. In regard to interpersonal theory, agreeableness is a dimension that reflects an adolescents desire to maintain "harmonious interpersonal relations" (Gleason, et al., 2004, p. 45). Agreeableness has also been linked to a desire to be "a part of" in regard to peer affiliations, friendship, and other positive social behaviors. In their study, Gleason examined whether agreeableness "would be negatively linked to aggressive behavior in adolescence...focusing on young adolescents that represent an important period of psychological and social transition" (Gleason, et al., 2004, p. 45). What they found after conducting two studies, (one on personality in relation to self-reports on direct/indirect aggression and the other on personality in relation to social cognitions that promote aggression) was the notion of agreeableness as a "predictor of aggressive behaviors" in three ways: (1) that agreeableness was negatively related to self-reports and peer reports on aggression; (2) that agreeableness was negatively related to social cognitions; and (3) that agreeableness and adjustment (to social situations) was mediated by aggressive behaviors (Gleason, et al., 2004). Therefore, the idea that student willingness to find a solution and be

“agreeable” shows a link to an ability to cope with aggressiveness, by looking for solutions to issues that are not reactive.

Another aspect that must be considered when examining emotional disturbance, aggressiveness, and adolescence is the concept of risk-taking behavior. McNamara & Willoughby (2010) found in their study that investigated whether risk-taking behavior increased in students with learning disabilities more than with adolescents without. What they found as a result of their study was that, in general, “adolescents with and without learning disabilities engage in risk-taking behaviors” (McNamara et al., 2010, p. 22) such as smoking, marijuana use, delinquency, acts of aggression, and gambling. Yet, the study did suggest that students with learning disabilities did engage “more frequently” in risk-taking behaviors. Therefore, the study suggests that these findings show that “adolescents with learning disabilities may require support in making decisions “(McNamara et.al., 2010, p. 22).

The Crisis Cycle

One important factor that is discussed when examining emotional disturbance and aggressive adolescents is the crisis cycle. The crisis cycle is a term that refers to the “experience of stressors that lead to escalation” of behavior that can lead to an increase in emotion that may result in a “crisis.” There are several phases to a crisis cycle. The terms are defined below:

Stage One: Baseline/In control: Person is calm and displaying normal behavior

Stage Two: Trigger: Person experiences a stressor (physical, environmental, or social)

Stage Three: Escalation: Person continues to show increased signs of agitation/behaviors intensify

Stage Four: Crisis: Person becomes out of control and loses ability to process information. Person may become physically aggressive (e.g. hitting, kicking, biting, etc), engage in self-injurious behavior (biting, head banging), become verbally assaultive) etc.

Stage Five: Calming Down: Person begins to regain control and behavior becomes less intense.

Stage Six: Recovery: Person has regained control but is fragile

Stage Seven: Crash: Person may drop below normal activity level and need quiet time
(Galbraith, Nicksic-Springer, & O'Brien, 2007)

In this crisis cycle, one important aspect to note is that “crisis” develops due to the student or intervening staff person not being able to control the stimulus effecting the escalation of a feeling. Therefore, it is important that students with emotional or behavioral disorders who are at-risk for crisis to have access to intervention curriculum, strategies, and concepts that will help them lessen or prevent the cycle from occurring.

School Placement and Intervention Strategies

There are many different types of placement for students with emotional disturbance. They include anything along the spectrum of education, from general education/inclusion classrooms, partial inclusion, self-contained classrooms, separate specialized day schools, mental health/therapeutic settings, and psychiatric placements (Hage, et al., 2009). It has been noted that students with emotional and behavioral issues often struggle in conventional school systems, leading students to become disenfranchised, develop negative behavior, or drop out as compared to non-disabled peers. Among students with disabilities, those with ED were found to be at the highest risk for dropping out (Lange et al., 2002). Due to this fact, students with “social-

emotional” needs can access “alternative placements” to help them learn to cope with their issues and get an education.

Of the programs investigated by Lange et al. (2002), in their report, *Alternative Education: A Brief History and Research Synthesis*, factors of effective programs for students with disabilities, especially those with ED, have high standards set and enforced, emphasize teaching, living skills, and vocational skills, have counseling and therapy, let them develop a relationship with a trusted adult, and provide meaningful educational and transition goals linked to future endeavors (Lange, 2002). Another study by The National Association of State Directors of Special Education (1999) found that effective alternative interventions, programs, and schools employ “qualified and caring” staff that provide “specialized education and experience in areas of preventative strategy” (National Association, 1999, p. 3).

Due to the need for alternative schools, programs, classrooms, and schools to provide preventative strategies, the focus must shift to strategies that schools can use to help emotionally disturbed and aggressive adolescents cope with explosive, violent, and negative behaviors. There are many intervention strategies that schools, both alternative placements and general education placements, can use to improve, prevent, and limit problem behavior, such as aggression, from leading to a crisis scenario. This need for intervention strategies, for both staff and students, will help to retain special education teachers. Pearce (2009) indicated evidence that Special Educators who are “inadequately prepared are more likely to leave teaching for alternative employment” (Pearce, 2009, p. 34). Therefore, the need to prepare all educational stakeholders on how to deal with behavior and crisis is a critical endeavor that must be undertaken. There are several different types of approaches that can be taken, as well as a number of intervention programs that

will lead to a solid de-escalation repertoire to improve behavior, limit aggression and crisis, and create a safe environment for staff and students.

Interventions

The most important intervention strategy for limiting problem behaviors is early intervention and early identification (Pearce, 2009). Elements of effective intervention and management of aggressive adolescents or violent events (crisis) are: “maintaining autonomy and dignity for student/patient; using self-knowledge to achieve goals; being self-aware; intervening early; providing options and choice; and avoiding physical confrontations” (Cowin, Davies, Estall, Berlin, Fitzgerald, & Hoot, 2003 p. 65). These techniques should be combined with actions such as finding calmer areas, attempting to avoid escalating triggers/factors, alternatives to escalation (walk, drawing, etc.), and finding safe spaces (Cowin, et al., 2003).

Among the programs or intervention techniques that can be used, a general term that should be present in all activities dealing with aggression is “verbal de-escalation” or “de-escalation” techniques (Cowin, et al., 2003, p. 65). The difference between the two is that adding “verbal” before de-escalation would mean visualization is not part of the de-escalating intervention. The general idea of a visual de-escalation would be one in which an intervening party physically steps in between the escalating trigger and the student in crisis, using no verbal cues. Once the discussion begins to take place it becomes verbal. Therefore, when the term “verbal de-escalation” is used it relates to a complex therapeutic (optional term) interactive process or attempting to talk the student down from an “excitable/emotional state by using the state of self.” Finally, the concept of “talk down” is another interchangeable term, which would mean to diffuse a situation based solely on language (Cowin, et al., 2003, p. 66).

In order to diffuse and de-escalate a situation with an aggressive/emotional student, there are several skills or abilities the staff needs in order to de-escalate a situation. First, the staff needs to be able to identify “early warning signs” of a crisis, such as physical/verbal signs of anxiety, pacing, and excessive body movement, or increase in volume or tempo of voice (Cowin, et al., 2003, p. 67). However, one of the most important things staff can do is involve the student in the discussion on how to prevent behaviors and triggers from escalating. When used correctly, de-escalation techniques that involve the student, that can be taught through curriculum, group sessions, and during individual instruction/counseling, can “far outweigh the use of control, restraint, and seclusion,” having the “unexpected and pleasant side effects...of using a least restrictive intervention.” However, in order to provide excellent de-escalation procedures, staff must be trained, which is one of the “most important criteria for providing less restrictive environments” (Cowin, et al., 2003, p. 67).

Cowin, et al. (2003) developed a “de-escalation project” in a study for nurses working in a mental health field. The study found, through the creation of a “de-escalation kit” that created posters that reminded nurses of the “processes and skills involved in de-escalation” coupled with in-service training, showed through both pre- and post-test surveys, that nurses “awareness and knowledge” improved over time and that a similar project would and could be beneficial, though monitoring the improvement was a long term process (Cowin, et al., 2003, p. 71-72).

In regard to special education in both general education and alternative education programs, a de-escalation approach, project, or kit should be created with the goal of helping staff to remember skills to solve crisis situations, as well as teaching student’s skills and resources for increasing their own ability to lessen escalation that leads to aggressive situations.

Several intervention approaches that, if combined, would be excellent are discussed: (1) Response to Intervention, (2) Life Space Crisis, and (3) Learned Resourcefulness.

The Response to Intervention (RTI) model can provide methodology to assist students with emotional difficulties in being successful in school (Pearce, 2009). The model, which is based in a framework of “positive behavior supports”, helps students at the early intervention/identification stage (pre-middle school) with creating a safety net of monitoring students identified as ‘at-risk’ of ED or other behavior disorders by implementing a multi-tiered model that creates a system of research-based interventions that assist students by matching students to the right intervention based on observable responses. Two models that are described in the study by Pearce (2009) are: (a) a problem-solving model led by practitioners; and (b) the standard protocol model led by researchers. The difference between the two is that a ‘problem-solving’ model follows a plan of: assessment, planning, implementation, evaluation, and redesigning. The standard model involves standard interventions for specific periods. Both models are driven by the idea that students move from tier to tier, based on response. The study found that such a model, comprised of applied behavior analysis, social skills training, cognitive behavior interventions, differentiated instructional approaches, and individual/group counseling, and parental involvement (Pearce, 2009) had an overall positive effect of improving student behavior when implemented over a two-year period. What the RTI model did, different from other past intervention models, was address shortcomings.

Another model that treats aggression and problem behavior by both training students and staff on how to monitor and prevent crisis situations is Learned Resourcefulness (LR). An LR repertoire of resourcefulness skills is a model for reducing aggressive behavior by helping adolescents learn in four modules that “aggression is a changeable behavior and that such

behavior results from how they think and feel, emphasizing cause and effect relations; to...identify internal cues, sensations, and emotions and their links to behavior;...help them identify and acquire self-control skills such as delaying temptation, using self-talk, and planning future steps toward goals” (Ronen & Rosenbaum, 2010, p. 414). These skills are taught in modules labeled: (1) cognitive restructuring, (2) problem analysis, (3) attention focus, and (4) self-control practice... In a study by Ronen et al., (2010), research targeted adolescents in each school sampled that were identified as the “most aggressive students” that might become violent adults. They found, based on self-reports and teacher surveys, no substantial shifts in “hostile views” but rather an increase in their ability to “control their behavior despite angry feelings,” which showed that perhaps an intervention for preventing aggression lies in helping ED students find control (Ronen et al., 2010, p. 415-416).

Summary

The problem of how to deal with students in crisis and train adolescent students with ED to help prevent crisis, is a national concern and an issue that continues to require examination (Dawson, 2001). Therefore, schools, educators, and other staff that work with students diagnosed with behavior and emotional disorders, like ED, who have the potential for escalating a crisis cycle, must be trained in de-escalation techniques that are the result of creating intervention strategies based on programs like Learned Resourcefulness (LR) and Response to Intervention (RTI), which involve students in the process who are identified by early intervention techniques. When these types of intervention strategies are blended together in a de-escalation program that teaches staff and students how to deal with increases of emotion, aggression, and problem behavior feelings, then less physical means of intervention can be required and crisis data will show improvement. If a school can adopt such an approach, studies have shown that ED

students/students with behavior disorders that are aggressive can and will develop better self-control, self-awareness, self-talk, identification of triggers, and use of resources around them to avoid escalation and crisis. If such a program can be created, then staff can implement a de-escalation kit/program that will be effective in improving problem behavior and cut down on aggression (Ronen et al., 2009).

CHAPTER III

METHODS

Design

The proposed study was a quasi-experimental design with a pre-test/post-test assessment strategy. The purpose of the study was to determine if the students who received elements of a learned resourcefulness curriculum during a social skills class had better self-awareness of what leads to a crisis, which in turn made them more self-aware on follow up questionnaires. The study was conducted over a six-week period from October 22, 2012 to November 30, 2012.

Participants

The participants in this study were twelve middle school boys and girls ranging in age from 11 to 14 years old who were placed by the special education department in a self-contained special education BLS (Behavior Learning Systems) classroom due to a history of problem behavior such as aggression, hyperactivity, oppositional/defiance, and other negative social interactions with peers. The students in this class were of mixed race and mixed ethnicity. There were three boys and two girls who were African American, three boys and three girls who were Caucasian, and one girl from another racial/ethnic group.

Instrument

The instrument used in this study was developed by the researcher. The instrument consisted of a social skills inventory questionnaire designed to identify students' perception of their self-control, their ability to think about others, and their ability to control themselves. The questions the researcher developed are related to the skills taught in the learned resourcefulness curriculum. The survey consisted of fifteen questions written for middle school students adapted

from the social skills inventory that were scored on a 1-4 Likert Scale, with responses ranging from strongly agree to strongly disagree.

Procedure

The researcher began with a pre-test questionnaire given to the students. Due to the variety of ability level in the self-contained special education classroom and the need for reading accommodation, the researcher read each question in a flat, monotone voice. The students each answered the question at the same pace. The questionnaire took approximately 2 minutes per question, for a total of 30 minutes. When the questionnaire was handed out to the students, it was explained that the social skills class was going to focus on learning skills and resources for dealing with anger, aggression, and other behaviors. The students were told they would participate in two weekly lessons for a period of five weeks that would result in learning social skills that will help them avoid crisis and the need for staff intervention.

The researcher conducted five weekly units that were comprised of two lessons, each lesson lasting 50 minutes. The five unit topics were: Triggers: Understanding What Gets You Upset; Decision-Making: How To Make Safe and Positive Decisions; Emotional Regulation: How To Manage Your Emotions by Choosing Your "Tool Kit"; What Is the "Crisis Cycle", and How You Can Avoid a Crisis; and Intervention Strategies that Work. Each student was given a folder where they kept their materials. The students developed flash cards that reminded them of their triggers and helped them to communicate with adults during an emotional incident. Students also developed posters they hung in the room that reminded them of what they learned each week, doubling as a sensory reminder they could use when upset.

Each lesson the students participated in was comprised of a journal warm-up that asked students to develop upon a theme of the curriculum. The warm-up was followed by a round table discussion on the theme from the journal. Students listened to each other talk about how they handled situations and were introduced to new vocabulary and skills they tried out during the following activity. This round table was followed by a role-playing period where students would try out new skills they learned and work on the new vocabulary. Students saw how others dealt with emotion and learned to work through scenarios while calm.

After all of the lessons and units were conducted, the researcher concluded the study with a post-test questionnaire given to students in the same manner as the pre-test questionnaire.

CHAPTER IV

RESULTS

The following discusses the data results of the pre-and-post survey. Overall, there was a percentage change between the pre and post survey for several items. There were several pairings of survey questions that were grouped in regard to similarity. As a result of the percentage changes that showed an increase in the student's level of awareness post survey, the null hypothesis was not supported.

The results from Question 1 (I have difficulty understanding the way I feel sometimes) revealed that 42% of students who "disagreed" increased to 67% and those who strongly agreed with the statement decreased from 17% to 0. The results from Question 2 (When I am upset I often don't know what to do) revealed that 58% of students who "agreed" with the statement decreased to 17% and 25% of students who "disagreed" with the statement increased to 75%. The results from Question 3 (Sometimes I am upset and don't know why) revealed that 67% of students who "agreed" with the statement decreased to 42% while 33% of students who "disagreed" with the statement increased to 58%. The results for Question 4 (When I feel upset I often talk to someone about it) revealed that 25% of students who "agreed" with the statement increased to 58% while 67% who "disagreed" with the statement decreased to 25%. The results from Question 5 (I can feel it in my body when I get upset) revealed that 25% of students who "strongly agreed" with the statement increased to 50%. The results from Question 6 (When I feel upset I usually cannot sit still) revealed that students who strongly agreed with the statement increased to 25% while 25% who "strongly disagreed" with the statement decreased to 8%. The results from Question 8 (When I get upset I usually suppress my feelings) revealed that 8% of students who "agreed" with the statement increased to 50%. While 75% who disagree decreased to 33%, The results from Question 10 (When I am upset I usually understand why) revealed that

33% of students who “agreed” with the statement increased to 59% while 50% of students who “disagreed” with the statement decreased to 17%. The results for Question 11 (When I am upset I know what to do so it won’t happen again) revealed 33% of students who “agreed” with the statement increased to 67% while 67% of students who “disagreed” with the statement decreased to 33%. The results for Question 12 (When I am upset I know someone to talk to who will help me feel better) revealed 17% of students who “strongly agreed” with the statement increased to 58% while 67% of students who “agreed” with the statement decreased to 42%. The results for Question 13 (When I am upset I think about how others feel) revealed 0% of students who “strongly agreed” with the statement increased to 25% while 33% of students who “agreed” with the statement increased to 67% and 67% of students who “disagreed” with the statement decreased to 8%.

In Question 2 (When I am upset I often don’t know what to do) and question 3 (Sometimes I am upset and don’t know why) both questions measured the students ability to identify why they were upset and what next to do suggesting a level of basic self-awareness when agitated or upset. On the pre-survey 33% of students disagreed that when they are upset they often do not know what to do and why they are upset. On the post-survey 67% now disagreed with the statements that when they are upset they do not know what to do and why they are upset (Table 1)

Table 1: Awareness of What to Do When Upset

		Question 3			
		PRE		POST	
		Agree	Disagree	Agree	Disagree
Question 2	Strongly Agree	100%	0	0	0
	Agree	57%	43%	100%	0%
	Disagree	67%	33%	33%	67%
	Strongly Disagree	100%	0	0	100%

In Question 6 (When I feel upset I usually can't sit still) and Question 7 (When I get upset I usually let it out physically) both questions measured a student's awareness of their physical actions or feelings prior or after being upset. On the pre-survey 50% (4 students) of students strongly agreed that when they are upset they can't sit still but disagree that they usually let it out physically. In contrast, on the post-survey 71% of students agreed with the statement that when I feel upset I can't sit still but disagreed that they let it out physically (Table 2)

Table 2: Awareness of Physical Feelings When Upset

		Question 7					
		PRE			POST		
		Agree	Disagree	Strongly Disagree	Agree	Disagree	Strongly Disagree
Question 6	Strongly Agree	0	0	0	33%	33%	33%
	Agree	25%	50%	25%	29%	71%	0
	Disagree	0	100%	0	100%	0	0
	Strongly Disagree	67%	0	33%	0	0	100%

In Question 12 (When I am upset I know someone to talk to who will help me feel better) and Question 15 (When I am upset I can tell others), both questions deal with a student's self awareness of communicating or seeking help from others when upset. On the pre-survey 63% of students agreed that when I am upset I know someone to talk to and I can tell other which decreased to 40% indicating agreement to both questions on the post-test. On the post-test 29% students strongly agreed that that know someone to talk to when they are upset but they

disagreed that they can tell others when they are upset.

Table 3: Students Awareness of How to Communicate When Upset

		Question 15					
		PRE			POST		
		Strongly Agree	Agree	Disagree	Strongly Agree	Agree	Disagree
Question 12	Strongly Agree	50%	50%	0	0	71%	29%
	Agree	0	63%	38%	20%	40%	40%
	Disagree	0	50%	50%	0	0	0

CHAPTER V

DISCUSSION

Having completed all pre-and post-survey results and collected the data, the results do not support the null hypothesis that students would show no difference or change in response to “buzz” words of the Learned Resourcefulness curriculum and would not become more self-aware of triggers for crisis. The reason the hypothesis is not supported was because there was a change that showed increased self-awareness.

IMPLICATIONS OF THE RESULTS

In many of the survey questions, there was an increase of awareness based on a comparison of the results of the pre-and post-survey. The change in this awareness was seen in the examination of the cross-tabulation of Questions 2 and 3, 6 and 7, and 12 and 15. The implication of these results was that interventions increased student awareness. The change in results showed students became aware of a basic sense of when they were upset, their level of physical agitation, and how to communicate about it. Overall, the hypothesis that student's self-awareness would not increase due to interventions was not supported.

The results support several theories noted in the review of literature. The results show that with increased intervention strategies, lessons geared to becoming aware of triggers and emotions, and a plan on how to handle situations of increased levels of agitation, will increase students ability to handle crisis situations in a more successful way. As noted earlier, the most

important intervention strategy for limiting problem behaviors is early intervention and early identification (Pearce, 2009). In the intervention conducted between surveys, students were able to identify “triggers” that made them upset or agitated. Once they identified these areas they were able to set up a staff intervention strategy plan with the crisis interventionist at the school. As part of this approach the research also used other elements of effective intervention and management of aggressive adolescents such as “maintaining autonomy and dignity for student/patient; using self-knowledge to achieve goals; being self-aware; intervening early; providing options and choice; and avoiding physical confrontations” (Cowin, et al., 2003 p. 65). The result of implementing these strategies was that students became more aware of who to talk to, their personal goals for behavior, and how to accept help early.

Also noted, students responded to knowing who to communicate their needs to when agitated, which increased self-awareness as they strove to take actions such as finding calmer areas, attempting to avoid escalating triggers/factors, alternatives to escalation (walk, drawing, etc.), and finding safe spaces (Cowin, et al. 2003). In taking these intervention strategies into effect, the researcher used the RTI (response to intervention) focusing on the approach of “positive behavior supports”, that helped students at the early intervention/identification stage by implementing a multi-tiered model that created a system of interventions that assisted students by matching students to the right intervention based on observable responses. Of the two models that are described in the study by Pearce (2009) are the research used: (a) a problem-solving model led by practitioners. In this way, it was clear that students responded to this approach.

As a result of using these RTI interventions, the positive results seen in previously documented research by others was noted in the results of this study, thus not supporting the hypothesis, but re-enforcing the need for early intervention and support to decrease the crisis

cycle.

THREATS TO VALIDITY

The threats to validity are that students were not differentially selected and that there was no external validity. Examples of these threats are the use of a convenience sample - students were selected based on being in the researchers classes. Students were also given the same survey both pre-and-post and may have become aware through the nature of the intervention based lessons that they were “supposed to” increase their awareness, thus leading them to answer questions that showed results of awareness.

CONNECTIONS TO PREVIOUS/EXISTING LITERATURE

In the study by Ronen et al., (2009), research-targeted adolescents in each school sampled were identified as the “most aggressive students” similar to the population used for this study. Through the implementation of a Learned Resourcefulness curriculum they found, based on self-reports and teacher surveys, no substantial shifts in “hostile views” but rather an increase in their ability to “control their behavior despite angry feelings,” which showed that perhaps an intervention for preventing aggression lies in helping ED students find control (Ronen et al., 2009, p. 414). In this same way, the self-awareness survey conducted showed an increase in student's ability to think about ways to control and cope with their feelings. In this same way, the intervention strategy in this study used similar lessons and found similar results.

IMPLICATIONS FOR FUTURE RESEARCH

Implications for future research would be that there was a significant enough change in

awareness in order to suggest that students responded to the interventions. Therefore, the researcher would want to use a larger sample and cross-section of students, perhaps even from the inclusion-based school population who don't typically have behavior issues. The goal would be to target the same population at different schools, from a variety of backgrounds, and look at cross-tabulations of students in a broader area with similar criteria.

CONCLUSION/SUMMARY

Overall, the twelve students involved in the self-awareness survey, intervention lessons to increase self-awareness and learn skills or strategies for when confronted with a crisis, showed changes in self-awareness, resulting in a rejection of the null hypothesis. Due to these results, there is a need for further interventions using the response to intervention approach, because it seems that adolescents at the middle school age respond positively to intervention, resulting in fewer incidents of crisis, increased verbal de-escalation practices, and fewer verbal and physical aggressive instances.

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Appendix

Self Awareness Questionnaire (Pre)

Directions: Please read each question and rate yourself on the scale.

Scale:
SA: Strongly Agree
A: Agree
D: Disagree
SD: Strongly Disagree

1. I have difficulty understanding the way I feel sometimes	SA	A	D	SD
2. When I am upset I often don't know what to do	SA	A	D	SD
3. Sometimes I am upset and don't know why	SA	A	D	SD
4. When I feel upset I often talk to someone about it	SA	A	D	SD
5. I can feel it in my body when I get upset	SA	A	D	SD
6. When I feel upset I usually cannot sit still	SA	A	D	SD
7. When I get upset I usually let it out physically	SA	A	D	SD
8. When I get upset I usually suppress my feelings	SA	A	D	SD
9. When I get upset I usually let it out verbally	SA	A	D	SD
10. When I am upset I usually understand why	SA	A	D	SD
11. When I am upset I know what to do so it won't happen again	SA	A	D	SD
12. When I am upset I know someone to talk to who will help me feel better	SA	A	D	SD
13. When I am upset I think about how others feel	SA	A	D	SD
14. When I am upset I feel bad for how I act	SA	A	D	SD
15. When I am upset I can tell others	SA	A	D	SD

Self Awareness Questionnaire (Post)

Directions: Please read each question and rate yourself on the scale.

Scale:
SA: Strongly Agree
A: Agree
D: Disagree
SD: Strongly Disagree

1. I have difficulty understanding the way I feel sometimes	SA	A	D	SD
2. When I am upset I often don't know what to do	SA	A	D	SD
3. Sometimes I am upset and don't know why	SA	A	D	SD
4. When I feel upset I often talk to someone about it	SA	A	D	SD
5. I can feel it in my body when I get upset	SA	A	D	SD
6. When I feel upset I usually cannot sit still	SA	A	D	SD
7. When I get upset I usually let it out physically	SA	A	D	SD
8. When I get upset I usually suppress my feelings	SA	A	D	SD
9. When I get upset I usually let it out verbally	SA	A	D	SD
10. When I am upset I usually understand why	SA	A	D	SD
11. When I am upset I know what to do so it won't happen again	SA	A	D	SD
12. When I am upset I know someone to talk to who will help me feel better	SA	A	D	SD
13. When I am upset I think about how others feel	SA	A	D	SD
14. When I am upset I feel bad for how I act	SA	A	D	SD
15. When I am upset I can tell others	SA	A	D	SD