De-escalation Techniques for students with
Emotional and Behavioral Disorders

By

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ABSTRACT

This study proposes to look for a relationship between the de-escalation techniques and the amount and severity of aggressive behaviors in students who have an Emotional/Behavioral Disorder. The Crisis Prevention intervention teaches strategies that may help provide students with EBD the ability to de-escalate situations so they can function in the regular education setting with their peers and later on to function within society as adults. To implement this study each time a student got referred to the EBD room for a behavioral issue the special education teacher implemented CPI's strategies to help the student de-escalate his/her behavior. The teacher recorded the amount of time it took for the student to de-escalate inappropriate behaviors and the level of aggressiveness that the behavior had escalated too. When the student was ready to self-compose, accept responsibility for behaviors, and the student accepted and followed through on the consequences for behaviors the student went back to the mainstream setting. Results of this study indicated that there is a highly significant correlation between the Crisis Prevention Intervention strategies that were implemented and a decrease in time spent in the EBD room and time spent at a crisis level.

Chapter 1
Introduction

The literature based on students considered to have Emotional/Behavioral Disabilities reveals what a negative impact aggressive behavior has on self-image, learning in school, and the ability to lead a productive life. Students who show aggressive behaviors in school tend to have serious underlying issues that impact their ability to function in both their home and school lives. An intervention that focuses on giving students with EBD the tools to de-escalate their aggressive behaviors on their own is necessary. Without these tools, students who exhibit aggressive behaviors in schools will continue to struggle to have productive and fulfilling lives.

Problem Statement

This research identified and evaluated the de-escalation program, Crisis Prevention Intervention (CPI), when used with students who are emotionally/behaviorally challenged. This program teaches de-escalation techniques to students with an EBD label who are exhibiting aggressive behaviors. CPI proposes to teach teachers, para-professionals, and administrators techniques that will help to de-escalate aggressive situations and keep students with emotional/behavioral problems in the regular education setting for a greater portion of their day.

Rationale for Study

This study looked for a relationship between the de-escalation techniques and the amount and severity of aggressive behaviors. This study is important because teaching strategies that may help provide students with EBD the ability to de-escalate situations so they can function in the regular education setting with their peers and later on to function within society as adults.

Hypothesis

This study looked at how effective the Crisis Prevention Intervention is for students with Emotional/Behavioral Disorders to de-escalate their behaviors and spend less time in the special education setting. This study also looked into the effect on the time a student spent in a crisis situation. The author hypothesized that the CPI training would help to decrease the behavioral problems of the students involved in the study by 50 percent by increasing their self-awareness of what sets them off and their self-control in such situations. The idea is that they would spend less time in an aggressive crisis situation and would learn strategies to allow them to function longer in the regular education setting. While it is not part of the study to assess self-esteem gains it may be a secondary outcome that once the students began to see their success they would gain self-esteem and try harder to stay away from situations that would cause them to escalate their behavior.

Summary of Study

This study did not look at a large sample of regular education students. The participants were the 6 students (grades 1-6) on special education behavior plans at a rural school in the upper mid-west. These participants were taught the de-escalation techniques and data was gathered to look for a possible change following training in these strategies in the time spent in an aggressive crisis situation.

Limitations of Study

This study did not take into account a large sample population of non-EBD students. This sample is a sample of convenience, due to the rural setting of the school where the research took place, and did not take into account several factors such as diversity and/or gender. This sample was also only looking at a 4 week period of time.

Delimitations of Study

This study did not look into home or personal issues of the students. This study did not look at grades or comprehension. This study did not look into medication issues.

Referenced Definition of Terms

Aggression- behavior which is intended to hurt, harm, or injure another person. (Murray-Close & Ostrov p. 830)

Anxiety- a noticeable increase or change in behavior which is manifested by a nondirected expenditure of energy. (Crisis Prevention Institute, p. 23)

CPI- Crisis Prevention Intervention- "The Nonviolent Crisis Intervention program is a safe, nonharmful behavior management system designed to help human service professionals provide for the best possible Care, Welfare, Safety, and Security of disruptive, assaultive, and out-of-control individuals." (Crisis Prevention Institute, p.23)

EBD- Emotional/Behavioral Disorder. EBD is defined by the *Individuals with Disabilities Educational Act (IDEA) as* "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: An inability to learn which cannot be explained by intellectual, sensory, or health factors. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers. Inappropriate types of behavior or feelings under normal circumstances. A general pervasive mood of unhappiness or depression. A tendency to develop physical symptoms or fears associated with personal or school problems." (Council for Exceptional Children CEC, 2011)

Chapter 2
Literature Review

Aggressive behavior in schools is becoming a larger problem than it has ever been. This literature review is going to look into why aggressive behaviors are an issue in schools today, what is causing these behaviors to escalate, and look into different interventions and how they can assist with this serious problem. This literature review will look into the specific non-violent crisis management program "Crisis Prevention Intervention" to look at the program's effectiveness with aggressive behaviors.

Why are aggressive behaviors a problem?

This section of the literature review will look at studies that show the size of the problem aggressive behavior in schools can be and what impact aggressive behaviors have on the students who exhibit them, the teachers and faculty who work with these students, and the peers who are around this behavior every day.

Boxer, Musher-Eizenman, Dubow, Danner, and Heretick (2006) state that some children perceive a hostile intent in others which makes them more likely to show aggression in schools. If a child is thinking that others have the intent to hurt them they are more likely to show aggression towards people. It is the authors' opinion that this poses a large problem in schools because aggressive behaviors cycle continuously: if one student is thinking that peers have a hostile intent then that student will act with aggression which will show another student that there was a hostile intent which will cause another show of aggression.

Helgeland (2010) questioned how people with severe emotional and behavioral disorders during their adolescents lived their lives by the age of 30. The author looked into any events that

enabled the people involved in the study to develop positively and adjust to adult life. Helgeland looked into alternative placements and alternate programs and found that the public was starting to lack a confidence that alternatives would work. Due to this lack of confidence Helgeland decided to conduct a 15 year longitudinal study of 85 adolescents with severe behavioral problems. The author discovered that without appropriate intervention students who exhibit aggressive behaviors were unlikely to lead productive adult lives.

Although data points to the importance of appropriate and early intervention, "The surgeon general of the United States estimated that 1 in 10 school children has a psychiatric illness at any given time and that the majority of these children remain undiagnosed." (Rowe, 2010. p. 190) Many students who are labeled as EBD have also been diagnosed with a mental illness, such as; conduct and personality disorders. These students generally suffer in their academic, social, and psychological development. Even children who are appropriately diagnosed with a psychiatric disorder are not likely to receive adequate treatment and most of this treatment will come from the child's school system which does not necessarily have the appropriate resources to meet the students' needs. Rowe also discusses the negative effect on children who deal with an untreated psychiatric illness including diminished academic achievement, lowered self-esteem, and damaged social and familial relationships.

The studies in this section argue that children who exhibit aggression, many of whom suffer from a psychiatric disorder, pose a serious problem, disrupting education for others, interfering in their own learning, and often reinforcing their own and others' aggressive behaviors. The next area that this literature review will look into is the causes of these aggressive behaviors.

What causes aggressive behaviors?

In order to implement effective interventions for aggressive behaviors, which are such a huge problem in schools, an understanding of the reasons behind aggressive behaviors is necessary. According to Murray-Close and Ostrov (2009) who work in the Psychology department at the University of Vermont there are many reasons behind aggressive behaviors in children. Some of those reasons include internalizing symptoms, and peer rejection.

A helpful definition of aggression that has been generally agreed upon in the educational field is "behavior which is intended to hurt, harm, or injure another person" (Murray-Close & Ostrov p. 830). One important distinction according to Murray-Close and Ostrov is to look at the function of the aggression, is it proactive or reactive in function? If the aggression is proactive then it is planned by the aggressor and it is goal-directed. An example of this kind of aggression would be a student kicking another student to make them react or to see what the victim would do. If the aggression is reactive then the aggression would follow a negative experience. An example of reactive aggression would be a student kicking another student because the student called him or her a name on the playground.

These distinctions are important to note when trying to deal with aggressive behaviors because the nature of the aggression is vital to implementing the appropriate intervention. Murray-Close and Ostrov (2009) examined the predictors of the different forms of aggression and found that older children were less likely than younger children to engage in physical aggression and that children who are severely excluded by their peers are less likely to experience peer pressures against aggression.

According to the research done by Hoagwood, Olin, Kerker, Kratochwill, Crowe, & Saka (2007), there are many contextual variables including a school's policies and practices, relationships among students, and family support, which impact how a student will function within the regular education setting. If some of these factors are negatively influencing a child he/she might need intervening before being able to exhibit non-aggressive behaviors in schools. The authors attested that a positive intervention system within schools should be a main focus within the classroom.

Thomas, Bierman, Thompson, and Powers (2008) looked into the predictors in children and schools for aggressive behaviors. The authors found that children who show high rates of aggressive-disruptive behavior during their early elementary years were at an increased risk for social and personal issues and more likely to show aggressive behaviors. The authors also state that research has shown that 65% of children who enter elementary school who show increased levels of aggressive behavior will experience significant educational problems less than 2 years later in school.

When looking for predicting factors of aggressive behavior, Thomas et al., (2008) found many including the level of financial resources available to the schools and the level of student poverty which has been linked to children's ability to function behaviorally in schools. Another indicator of aggression in the schools was the classroom context. Evidence suggested that classrooms which contain high levels of students who are exhibiting aggressive behaviors can significantly affect classroom quality which can promote continuing and escalating aggressive behavior problems in school.

One aspect of the study that was found to be particularly influential to aggressive behavior was attention problems. Thomas et al., (2008) found that attention problems were good predictors of aggressive behaviors, even with other influences controlled. There were several reasons the authors had to stand behind this conclusion. The first explanation was that children who have a hard time paying attention are more likely to experience academic problems because they are struggling to learn the way that they are being taught. The second explanation is because the non-compliant attention seeking behaviors that these children exhibit can alienate the teacher which may cause the teacher to use ineffective and negative control strategies. When these high levels of negative attention are used in the early grades they are likely to cause more opposition and behavior problems in the child.

According to Thomas et al. (2008) a study done by Thomas, Becker, and Armstrong manipulated teacher responses to students and they found that high rates of disapproving control strategies like scolding, threatening, and criticism combined with a lack of positive control strategies like praise and gestures led to a 20% increase in student's disruptive behaviors which suggested that students react negatively to teacher control tactics. It is no wonder that children who feel disapproved of would react negatively and not form a bond with their teacher which would lead to escalating and unwanted behaviors.

Cullerton-Sen, Cassidy, Murray-Close, Cicchetti, Crick, & Rogosch (2008) looked into the effect of childhood maltreatment and the development of aggression. They found that there is a large association between childhood abuse and externalizing behaviors, especially aggression towards peers. Due to inconsistent care and relational toxicity children who grow up with maltreatment are less likely to view themselves as worthy and competent as well as not being able to view those around them as caring and responsive. Maltreatment can also interfere with a

child's emotional regulation abilities and these children may also internalize the experienced hostility, fear, and rejection in ways that lead to difficulties in managing frustration and anger; skills which are necessary in order to appropriately interact with peers. (Cullerton-sen, C. et al. 2008)

Part of the reason that these aggressive behaviors are becoming more prevalent is that when aggressive behaviors happen within a group it can cause an escalation in these behaviors. Peers begin to think that these aggressive behaviors are acceptable and begin to view it as normal instead of undesirable. When this begins to happen it creates situations within the classroom for antisocial activities to become the norm and the aggressive children receive praise and a higher social status from their peers for their aggressive and disruptive behaviors (Thomas, et al., 2008).

Walker, Kavanagh, Stiller, Golly, Severson, & Feil (1998) reported on the importance of an early intervention towards preventing school antisocial behaviors. The authors discussed that when antisocial behavior patterns begin early in life the importance of intervention is extreme to avoid negative, long-term outcomes. The negative outcomes outlined by these authors included, "school failure and dropout, rejection by teachers and peers, involvement in delinquent activities, bad conduct discharges from the military, unemployment, life-long dependence on social service systems, adult criminality, and higher hospitalization and mortality rates." (Walker et al., p. 66)

Raferty, Steinke, and Nickerson (2010) did a study on engagement between aggressive children and staff in a residential treatment setting. They looked into the different reasons behind aggressive behaviors in students and found that problem solving skills were seriously lacking in students who exhibit aggressive behaviors. The authors consider what skills it takes to

effectively problem solve and concluded that it "requires individuals to identify and define problems, generate alternative solutions, select and implement a solution, and evaluate the outcome (Raferty et al. p. 170)."

Problem solving skills among students who exhibit aggressive behaviors are commonly deficient. According to Raferty et al., (2010) children with aggressive behaviors usually come up with fewer solutions to problems, think of aggressive options as less negative then other children, and use aggressive reactions more often. The authors also found a correlation between cognitive functioning and the severity of the aggressive behaviors exhibited. If students are struggling academically and are already at risk for aggressive behaviors they are much more likely to indulge in these unwanted actions in part due to a lack of problem-solving skills.

Crisis Prevention Interventions

Research points to the importance of early and consistent intervention for children who exhibit aggressive behaviors. This section of the literature review will be examining the effectiveness of non-violent crisis interventions for aggressive behaviors, looking specifically into the non-violent crisis prevention program, Crisis Prevention Intervention.

According to Paulauskas (2009) crisis is defined as "usually unwelcome, related to stress, has a negative effect on the environment, population or economy, lasts for a period of time, may have a favorable or an unfavorable outcome, and people are usually in need of external intervention or help to overcome their outcomes." (Paulauskas, p. 133)

Paulauskas (2009) has 18 years' worth of experience and research in special education institutions in the United States and he indicates that in most cases student behavior crises are related to physical aggression against peers, teachers, and other staff. He represents that these

crises are best managed by utilizing different nonviolent crisis intervention techniques, post-intervention strategies, and successful socialization of the child.

Many educational facilities provide services to children who are emotionally disturbed, which makes having a crisis prevention plan that reflects the characteristics of different populations and does not violate their rights a necessity. The model recommended by the U.S. Department of Education included four phases: prevention, preparation, response, and recovery. Paulauskas (2009).

The author then goes into depth concerning the definition and the importance of each area. The goal of prevention is to collect necessary information to reduce or eliminate the risk of unwelcome events and situations. Being cognizant of possible issues by reading student files and becoming aware of developmental history, psychological and psychiatric evaluations and how to respond appropriately to different students and disorders is extremely important to de-escalate different situations. Another important part in prevention is to have appropriate behavior support systems in place. A behavior support system is an "empirically validated strategy to prevent and eliminate challenging behaviors and replace them with prosocial behaviors." (Paulauskas, p. 137) According to LaFond, 2007 as quoted by Paulauskas, "Research suggests that implementation of the above program can reduce student aggressive behavior by 82.2%." (Paulauskas, p. 140)

According to research done by DeVore (1998), Koop and Lundber found that interpersonal violence was recently declared to be the number one public health problem in this country. DeVore states that anger has been found to be the mood that people are the worst at

controlling. When students and staff feel threatened their performance will suffer and that anxiety levels will increase which will undermine academic performance.

DeVore (1998) discusses that special education services are one way to help students who show aggressive behaviors to function more appropriately in the school systems but that problems in the special education system include late identification of problems and limited resources available to students. Although recent research has significantly increased our knowledge about anger and aggression, she argues that we need interventions to more effectively reach students who are exhibiting aggressive behaviors.

DeVore (1998) found that teaching students to notice physiological changes that happen before the behavior gets out of control is necessary for the students to begin a cooling off time. "Teachers need to not spend much time discussing the anger-inducing incident, but should empathize with feelings and perspectives, and then draw the student into a focus that is positive, pleasant, and distracting. Planning and negotiation to resolve conflicts must wait for recovery from arousal and the normalization of mental functioning." (DeVore, 1998, p. 7)

According to DeVore (1998) when high risk students can increase their tolerance of others, practice thinking about things from the perspective of others through direct social skills teaching, learn to apply crisis prevention strategies, and practice replacement behaviors they may prevent future problems and crisis situations. The study performed by DeVore suggests that students who received a crisis prevention intervention were more successful than the control group. There were highly significant improvements measured by a reduction in alternative school placements and retentions. DeVore (1998) states that when a student comes to a crisis situation the focus must be on providing relaxation methods, pleasant distraction, and an

opportunity for waiting out the surge of emotion where there are not likely to be any further triggers of rage instead of reacting and escalating the crisis.

According to Arnold Goldstein (1995):

> "Any act of aggression can escalate quickly into a serious situation. In fact, it is only possible to judge the level of severity of an aggressive incident in the specific context in which it occurs. What we can say, however, is that poor management of aggression at the lower levels facilitates its high level expression. Conversely, the teacher skilled at maintaining compliance or thwarting student disruptiveness is, we believe, considerably less likely to be faced with vandalistic, out-of-control, or armed students. "Catch it low to prevent it high" is a productive intervention strategy." (p. 12)

Teaching students to use an appropriate method for dealing with their anger and aggression through individualized intervention is an absolute necessity if students are going to learn to be successful first in school and later on in life, according to Goldstein. Without intervention research has shown that the student's aggression will continue to escalate which will impact the individual student, the students in the school system as a whole, teachers, and the community negatively.

Universal strategies such as school wide discipline policies and social skills training have been developed to promote behavioral competence in all students (Farmer, Farmer, Estell, and Hutchins, 2007). There have also been many strategies created to help youth who are at risk for aggressive behaviors; however, schools need to implement prevention programs that will meet the individual needs of youth that will utilize existing resources.

Farmer et al., (2007) looked into the reasons behind aggression in youth and the importance of appropriate interventions. Aggression is a common point in daily life in schools. There are highly aggressive students in all schools and children who will continue to react with further aggression. Due to this there needs to be both universal interventions which the whole school uses and individualized interventions designed to de-escalate individual aggression. Positive outcomes will be the most likely when both universal and individual interventions are put into place. There were four main points that the authors considered when looking at effective interventions.

1. How do universal strategies affect the youth's academic, behavioral, and social adjustment? The aim is to identify existing contextual supports and to build individualized strategies around them.
2. What individualized strategies can be put into place to ameliorate the youth's risks and to help tailor the context to her or his needs? The aim is to bring the youth's skills and the demands of the environment into alignment.
3. What individualized interventions are needed to support the positive constraints that the youth experiences? The goal is to prevent the negative reorganization of the youth's developmental system by sustaining positive factors that will promote adaptation in the areas in which the child is experiencing risk.
4. How can the youth's progress be monitored in a positive and supportive way to ensure that her or his developmental system does not reorganize in a negative manner? (p. 204)

All of these intervention strategies need to be addressed in order to effectively de-escalate negative behaviors within at risk students.

D’OOsterlinck and Broekaert (2003) bring up that there is an increasing conflict among children in school systems which is a result, at least in part, of including children with emotional/behavioral needs into the school systems. This concern brought the authors to do a study including a conflict management model and a therapeutic model to assist children with emotional/behavioral needs.

The therapeutic model in this study includes cooperative learning, negotiation, and mediation. The children learn about these 3 elements and then put them into practice within their own social structure. D’Oosterlinck and Broekart (2003) state that a crisis affects the immediate life experience of children and damages their sense of well-being. This program teaches the adult to adopt a neutral and caring position. The program being evaluated here includes many important steps; including, 1) Drain off: De-escalate the crisis. 2) Timeline: Students in crisis need to talk. 3) Central issue: Select the appropriate reclaiming intervention. 5) New skills: Plan for success. 6) Transfer of learning: Get ready to resume activity. (D’OOsterlinck and Broekaert, p. 224)

The results of this study confirmed that implementing a crisis management program works cooperatively with creating a positive school atmosphere, training the teacher as a central figure, and empowering the child as a co-trainer. D’Oosterlinck and Broekaert (2003) re-iterate the importance that “When working with high-risk populations, a need exists for installing prevention programs that support implementation of crisis management programs.” (p. 224)

According to the Crisis Prevention Institute (NCI, 2005) there are two ways that a hostile person acts out: verbally and physically, both forms of acting out need to be addressed separately in order to handle the person in crisis effectively. If a person is acting out verbally a

verbal approach should be used. If a person is acting out physically then a safe physical intervention is necessary.

CPI identifies 4 distinct levels of crisis development: The Anxiety level, the Defensive Level, The Acting-Out Person, and Tension Reduction (Nonviolent Crisis Intervention , 2005). The first level of crisis development is the Anxiety Level where there is a noticeable increase or change in behavior which is manifested by a non-directed expenditure of energy. Behaviors during this level would include the wringing of hands, pacing, and anything which involves the person to expend built-up energy and act differently than he or she normally would. This is the level where most potentially explosive situations are defused.

CPI (NCI, 2005) explains that the second level, The Defensive level, signifies the beginning stages of the loss of rationality. The Defensive Level is a highly volatile state and usually includes both belligerence and hostility. The individual in this state will often challenge the staff member, the institution, and/or any authority. At this point the person no longer responds to the rational context of your words and is instead much more in tune with other types of communication such as tone of voice, proximity, and/or body posture. This is where power struggles often begin including abusive language. The person is testing limits at this point and it is an extremely critical time in the de-escalation of a crisis situation.

The third level of crisis is known by CPI (NCI, 2005) as the Acting-Out Person. This behavior level is defined as a total loss of control that usually involves physical aggression. The individual is no longer able to control him/herself and verbal aggression turns into physical assault. The person during this level may assault staff, other people, or attempt to harm him/herself.

The final stage defined by the CPI is the Tension Reduction stage where the crisis has passed and the person is beginning to regain rationality. During this stage a person is very vulnerable and fear, confusion, and remorse are typical emotions felt during this time.

Clabro, Mackey, & Williams (2002) evaluated the Crisis Prevention Intervention's program at an acute care psychiatric hospital. Although this is different than a school setting; the same program expectations were implemented, many of the same behaviors were exhibited, and many of the injuries and incidents involved adolescents. The study was specifically looking to determine whether significant improvements were found in staff knowledge, attitude, self-efficacy, and behavioral intention after being trained by a CPI specialist.

The staff were instructed to set clear and simple limits with patients when communicating both verbally and nonverbally. The training focused on preventing acting-out behaviors through the use of techniques such as reducing environmental stressors, setting consistent limits across shifts, and teaching clients to recognize and cope with anxiety.

The results in this study showed that staff who went through the training program demonstrated improvement in their knowledge, attitude, self-efficacy, and behavioral intentions, which shows that staff who attended the CPI training were positively influenced about using the techniques for controlling and preventing violence.

This literature review has looked into why aggressive behaviors are a problem in schools, how children come to exhibit aggressive behaviors, and reviewed other studies which have evaluated CPI's non-violent crisis prevention program and found it to be an effective crisis de-escalation program.

Chapter 3
Methodology

This study looked at how effective the Crisis Prevention Intervention was for students with Emotional/Behavioral Disorders to de-escalate their behaviors and spend less time in the special education setting. This study also looked into the effect on the time a student spends in a crisis situation. To aid in this study data will be collected from November of 2011 as a baseline. The CPI intervention will be implemented during December 2011 and then new data will be collected in January of 2012 to explore (a) how long each student spent in the special education setting, (b) at what level of crisis each of the students were in when they were out of the main stream setting, and (c) what level of effectiveness was implemented with the EBD students prior to and after the CPI program and training. This data will help the researcher assess if the techniques are decreasing problematic behaviors within this study's population.

Participants

The participants of this study were students, grades 1-6, who have an Individualized Education Plan (IEP) and have been labeled as having EBD or are on a behavior plan at. There are currently 6 students all of whom are male. This sample is a sample of convenience, due to the rural setting of the school where the research took place, and did not take into account several factors such as diversity and/or gender.

Instrumentation

Data was be collected by the EBD teacher/researcher working with the participants on a daily basis. The data will be looking for (a) how long each student spends in the special education setting, (b) at what level of crisis each of the students was at when they were out of the

main stream setting, and (c) what level of effectiveness did the CPI program have with the EBD students and their ability to calm down, regain self-control, and return to the classroom. The sample data sheet in Appendix B shows how time is measured and how level of crisis is measured. These will be filled out by the EBD teacher and collected on a daily basis.

Procedures

The de-escalation program, CPI, has been reviewed by the administration at the school and teachers and para-professionals have been trained by a CPI professional. Each student who is on a special education behavioral plan at this school will be taught the de-escalation strategies from the CPI training. The strategies that the teachers and paraprofessionals implemented with the students included the 4 levels of crisis and how an effective leader handles each level. The data was collected and recorded on Appendix B by the special education teacher.

Level 1 (The Anxiety Level)- This is where there is a noticeable increase or change in behavior which is manifested by a non-directed expenditure of energy. This is where a person might pace, wring his/her hands, and mutter to him/herself. The supportive staff response requires the staff to be empathetic and actively listen to what is bothering the individual. During this mode of intervention the staff member should avoid being judgmental and avoid dismissing the person as a complainer.

Level 2 (The Defensive Level)- This level signifies the beginning stages of loss of rationality. This is a highly volatile state and usually includes verbal belligerence and hostility. During this stage a person is no longer responding to the rational context of words and is instead more in tune with other types of communication such as tone of voice, proximity, and/or body posture. During this stage the supportive staff member needs to remain calm, use a calm tone of

voice, and keep a leg's length away in proximity. The staff member needs to make sure that limits are clear to the person and that the limits are simple. Limit setting should be done as objectively as possible and should not be delivered in a threatening manner. The goal at this time is to help the person realize that the consequences of his/her behavior are up to him/her. Limits need to be not only enforceable but also reasonable. During this time the staff member needs to inform the individual of the positive consequences resulting from his/her compliance.

Level 3 (the Acting-Out Person)- This level is where the person experiences a total loss of control which usually involves physical aggression. This is where the supportive staff member would need to consider a nonviolent physical crisis intervention which should be used only as a last resort when the safety of the acting out person and others is in question.

Level 4 (Tension Reduction)- This is the level where a person is beginning to regain control over him/herself. During this stage the supportive staff person should allow time for the person to fully calm down and regain rationality. The person should be encouraged to take deep breaths and let him/her know what the next sequence of events will be. During this stage the more therapeutic communication initiated the more quickly the person will regain total rationality.

The data gathered are reasonably valid and reliable indicators of the students' behaviors and it is hypothesized that the ratings of behaviors being recorded (November of 2011 (pre-intervention) and January of 2012 (Post-intervention)) are comparable and changes will be due, in part, to the CPI Intervention.

Each time a student was referred to the EBD room for a behavioral issue the special education teacher implemented CPI strategies to help the student de-escalate his/her behavior.

The teacher recorded the amount of time it took for the student to de-escalate the behavior and the level of aggressiveness that the behavior had escalated too. When the student was ready to self-compose, accept responsibility for behaviors, and the student accepts and follows through on the consequences for behaviors the student went back to the mainstream setting. This data, it is hypothesized, will help to make a connection between the CPI program and the behavior changes and progress the students made.

This study did not take into account a large sample population of non-EBD students. This sample is a sample of convenience, due to the rural setting of the school where the research took place, and did not take into account several factors such as diversity and/or gender. This sample was also only looking at a 4 week period of time.

Chapter 4
Results

The data gathered was analyzed based on time spent in the Emotional/Behavioral room and at what level of behavior the students were exhibiting both pre-intervention and post-intervention. This study looked at how effective the Crisis Prevention Intervention was for students with Emotional/Behavioral Disorders to de-escalate their behaviors and spend less time in the special education setting.

Pre-Intervention	
Student Number	Total Time in intervention
001	965
002	17
003	35
004	150
005	50
006	40
Total time	1257

Post-Intervention	
Student Number	Total Time in intervention
001	130
002	0
003	213
004	0
005	125
006	30
Total Time	498

To examine the hypothesis, total time spent in the EBD room was measured pre-intervention (November) and post-intervention (January). To determine whether there was a difference between pre and post intervention data the total number of minutes spent in intervention was examined. The total number of minutes spent in intervention decreased by 61% post-intervention.

This study is also looking into an effect on the time a student spends in a crisis situation.

Pre-Intervention	
Student Number	Total Time at a crisis level (level 3)
001	885
002	0
003	0
004	150
005	0
006	20
Total time	1055

Post-Intervention	
Student Number	Total Time at a crisis level (level 3)
001	35
002	0
003	0
004	0
005	0
006	0
Total time	35

To examine the hypothesis, total time spent at a crisis level was measured pre-intervention (November) and post-intervention (January). To determine whether there was a difference between pre and post intervention data the total number of minutes spent at a crisis level was examined. The total amount of time the EBD students in this study spent at level 3 (the acting out person) decreased by 97% post-intervention.

Chapter 5
Discussion and Summary

Summary of the study

This research identified and evaluated the de-escalation program, Crisis Prevention Intervention (CPI), when used with students who are emotionally/behaviorally challenged. This program taught de-escalation techniques to students with an EBD diagnosis who were exhibiting aggressive behaviors. The CPI program proposes to teach teachers, para-professionals, and administrators techniques that will help to de-escalate aggressive situations and keep students with emotional/behavioral problems in the regular education setting for a greater portion of their day.

This study did not look at a large sample of regular education students. The participants were the 6 students (grades 1-6) on special education behavior plans at a rural school in the upper mid-west. These participants were taught the de-escalation techniques and data was gathered to look for a possible change following training in these strategies in the time spent in an aggressive crisis situation.

According to research aggressive children, many of whom suffer from a psychiatric disorder, pose a serious problem, disrupting education for others, interfering in their own learning, and often reinforcing their own and others' aggressive behaviors. These aggressive behaviors effect the student, the community, and schools negatively.

Research points to many different causes for aggressive behavior. According to Murray-Close and Ostrov, looking into the function of the aggression is extremely important. Is the function of the aggression proactive or reactive? There are also many outside factors which influence how a student will function within the regular education setting, including a school's

policies and practices, relationships among students, and family support. The level of financial resources available to the schools and the level of student poverty has been linked to a child's ability to function behaviorally within schools.

According to a study done by Thomas, Becker, and Armstrong, high rates of disapproving control strategies like scolding, threatening, and criticism combined with a lack of positive control strategies like praise and gestures led to an increase in disruptive behaviors, as well as, students with attention problems and children who have been maltreated. These distinctions are important to note when trying to deal with aggressive behaviors because the nature of the aggression is vital to implementing the appropriate intervention.

Research confirms that implementing a crisis management program works cooperatively with creating a positive school atmosphere by training the teacher as a central figure, and empowering the child as a co-trainer. D'Oosterlinck and Broekarert (2003) re-iterate the importance that "When working with high-risk populations, a need exists for installing prevention programs that support implementation of crisis management programs. (p. 224)

For the purposes of this study, each time a student got referred to the EBD room for a behavioral issue the special education teacher implemented CPI strategies to help the student de-escalate his/her behavior. The teacher recorded the amount of time it took for the student to de-escalate the behavior and the level of aggressiveness that the behavior had escalated too. When the student was ready to self-compose, accept responsibility for behaviors, and the student accepted and followed through on the consequences for behaviors the student went back to the mainstream setting. This data, it is hypothesized, helped to make a connection between the CPI program and the behavior changes and progress the students made.

Conclusions from the data

Just as DeVore (1998) demonstrated that by teaching crisis prevention strategies high-risk students can become more successful at controlling their aggressive behaviors, this research project demonstrated that there is a highly significant correlation between the Crisis Prevention Intervention strategies that were implemented and a decrease in time spent in the EBD room and time spent at a crisis level. Overall strategies used with elementary students who have an EBD label seemed to be successful. These findings may assist us to implement interventions with students who are at risk for uncontrolled behavior. Our most appropriate response is to recognize the escalating behavior signals and to respond appropriately at each level. This intervention is particularly important before the students get to level 3 where they have lost control, and to teach replacement behaviors before a crisis needs to be dealt with.

Knowing the impact that aggressive behaviors have on students, schools, and communities we must attempt to recognize when a student is about to leave a behavioral level where he or she has the ability to control behaviors and intervene with an understanding approach. It is necessary to the intervention that the staff member makes sure that limits are clear to the person and that the limits are simple. Limit setting should be done as objectively as possible and should not be delivered in a threatening manner. The goal at this time is to help the person realize that the consequences of his/her behavior are up to him/her. Limits need to be not only enforceable but also reasonable. During this time the staff member needs to inform the individual of the positive consequences resulting from his/her compliance. Planning and

consequences of the behavior should wait until the student has returned to a state of stimulation where they can work with the staff member and accept such consequences appropriately.

Violence and aggressive behavior has been a major issue in our society for a long time and this issue begins with our youth. It is imperative that we learn to de-escalate these behaviors when a child is young and teach children the strategies to do so themselves before they become another statistic.

- 31.5% of youth reported being in a physical fight in the 12 months preceding the survey.
- 17.5% of youth reported carrying a weapon on one or more days within 30 days preceding the survey.
- 5.0% of youth did not go to school on one or more days in the 30 days preceding the survey because they felt unsafe at school or on their way to or from school.
- Juveniles accounted for 16% of all violent crime arrests and 26% of all property crime arrests in 2008.
- In 2008, 1,280 juveniles were arrested for murder, 3,340 for forcible rape, and 56,000 for aggravated assault. (Centers for Disease Control and Prevention, 2010)

Implications from the data:

The findings from this study, as well as what literature suggests, tells us that there is a strong need for an early intervention program for children who exhibit aggressive behavior. The Crisis Prevention Intervention was an effective intervention program according to the results from this study. This study points to the need for further research in this area. A study that looks

at a longer period of time and a larger demographic would be necessary to further this research. It would also be interesting to study medication issues and their effect on aggressive behaviors.

Final Summary

This study looked for a relationship between de-escalation techniques and the amount and severity of aggressive behaviors. Teaching strategies were implemented that may help students with EBD to de-escalate situations so they can function in the regular education setting with their peers and later on to function within society as adults. To implement this study each time a student got referred to the EBD room for a behavioral issue the special education teacher implemented CPI strategies to help the student de-escalate his/her behavior. The teacher recorded the amount of time it took for the student to de-escalate the behavior and the level of aggressiveness that the behavior had escalated too. When the student was ready to self-compose, accept responsibility for behaviors, and the student accepted and followed through on the consequences for behaviors the student went back to the mainstream setting. Results of this study indicated that there is a highly significant correlation between the Crisis Prevention Intervention strategies that were implemented and a decrease in time spent in the EBD room and time spent at a crisis level.

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Appendix A

Consent form

Your child is invited to participate in a research study. He/she was selected because he/she is involved in the E/BD program at Willow River Schools, and has been for at least six months. Please read this form and ask any questions you may have before agreeing to allow your child to be in the study.

This study is being conducted by me, Tara Hawkinson, as a graduate student at the University of Wisconsin-Superior. I am also one of the special education teachers working with students at Willow River schools who qualify for E/BD services.

The purpose of this study is to evaluate how effective interventions have been for students at Willow River Schools. This will be done by taking behavior data collected during the month of November of the 2011/2012 school year, and comparing the data with the numbers from the Month of January of the 2011/2012 school year. This study will be printed in my certification thesis, which is required as part of my graduate program.

As you are aware we already use Crisis Prevention Intervention's techniques within the Willow River Schools. This study will not be changing what you have already agreed upon within your student's Behavior Intervention Plan. We are simply asking for your consent to use your child's data within this study. Below, I have described the strategies that the teachers and paraprofessionals will be using with the students which include the 4 levels of crisis and how an effective leader handles each level.

Level 1 (The Anxiety Level)- This is where there is a noticeable increase or change in behavior which is manifested by a non-directed expenditure of energy. This is where a person might pace, wring his/her hands, and mutter to him/herself. The supportive staff response requires the staff to be empathetic and actively listen to what is bothering the individual. During this mode of intervention the staff member should avoid being judgmental and avoid dismissing the person as a complainer.

Level 2 (The Defensive Level)- This level signifies the beginning stages of loss of rationality. This is a highly volatile state and usually includes verbal belligerence and hostility. During this stage a person is no longer responding to the rational context of words and is instead more in tune with other types of communication such as tone of voice, proximity, and/or body posture. During this stage the supportive staff member needs to remain calm, use a calm tone of voice, and keep a leg's length away in proximity. The staff member needs to make sure that limits are clear to the person and that the limits are simple. Limit setting should be done as objectively as possible and should not be delivered in a threatening manner. The goal at this time is to help the person realize that the consequences of his/her behavior are up to him/her. Limits need to be not only enforceable but also reasonable. During this time the staff member needs to inform the individual of the positive consequ3nces resulting from his/her compliance.

Level 3 (The Acting-Out Person)- This level is where the person experiences a total loss of control which usually involves physical aggression. This is where the supportive staff member would need to consider a nonviolent physical crisis intervention which should be used only as a last resort when the safety of the acting out person and others is in question.

Level 4 (Tension Reduction)- This is the level where a person is beginning to regain control over him/herself. During this stage the supportive staff person should allow time for the person to fully calm down and regain rationality. The person should be encouraged to take deep breaths and let the person know what the next sequence of events will be. During this stage the more therapeutic communication initiated the more quickly the person will regain total rationality.

The records of this study will be kept private. I will not include any information in my data or thesis that will make it possible to identify a student. Research records will be kept in a locked file; only researchers will have access to the records.

Your child, as well as others, may benefit from this study. Evaluation of the effectiveness of strategies and interventions used with students who qualify for E/BD services may lead to increased use of the most effective strategies. If strategies are effective, your child's attention to school tasks and learning may increase, and relationships with teachers and other students may improve.

Your decision whether or not to allow your child to participate will not affect your current or future relations with Willow River Public Schools, or Ms. Hawkinson. If you decide to allow your child to participate, you are free to withdraw at any time without affecting those relationships.

The researcher conducting this study is Tara Hawkinson. If you have questions, you may contact me at Willow River School. Phone: 218-372-3131. Extension 264. You may also contact my thesis advisor, Jennifer Christensen, at 715-394-8144, or the Internal Review Board contact, Jim Miller, at 715-394-8396.

Name of student____________________

Statement of Consent: I have read the above information. I have asked questions and have received answers. I consent to allow my child to participate in the study.

Signature of parent or guardian________________________________ Date______________

Signature of researcher__________________________________ Date________________

Appendix B

Date:	Student ID Number:	Time In:	Time Out:	Total Time	Behavior	Consequence	Rating	Administrative Intervention

Rating Scale:

Level 1: The Anxiety Level
Level 2: The Defensive Level
Level 3: The Acting-Out Person

Administrative Intervention

Level 1: Student calmed down with administration
Level 2: Student received a detention
Level 3: Student was not able to ride bus home
Level 4: Student received in school suspension
Level 5: Student received out of school suspension