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The Life Space Interview in Therapeutic Crisis Intervention: An Action Research Study on Its Implementation in a Suburban High School

Abstract

Students with emotional and behavioral disabilities experience less school success than any other subgroup of students. The educational system is the only institution mandated to serve children and youth with emotional disabilities; however, for approximately 51% of these students, the educational experience ends with the decision to drop out of school. For novice teachers, an early experience with a disruptive student can end their career, while even experienced teachers may feel daunted by student behavior. Educators are searching for more effective means of working with students with emotional needs whose unresolved conflicts can escalate into classroom disruption, lack of student success, increased discipline referrals, and potentially aggressive or violent incidents. This mixed-methods study in a suburban school district in Western New York explored whether, after receiving training in Therapeutic Crisis Intervention, teachers utilized the Life Space Interview with fidelity, and whether the use of the Life Space Interview by teachers minimized student time out of class. Incidents of in-school suspension, out-of-school suspension, tardiness, and unexcused absence for students with disabilities in small classroom settings were compared preand post-intervention. Teachers and students who participated in the study were interviewed to share their perceptions of the use of the Life Space Interview. The research participants included 15 high school students with disabilities who attended small classes of eight students or less for their core academic subjects and three tenured special education teachers.

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The Life Space Interview in Therapeutic Crisis Intervention:

An Action Research Study on Its

Implementation in a Suburban High School

By

Susan J. Flood

Submitted in partial fulfillment

of the requirements for the degree

Ed.D. in Executive Leadership

Supervised by

Dr. Michael Wischnowski

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Ralph C. Wilson, Jr. School of Education
St. John Fisher College

December 2010

Dedication

This work is dedicated to my parents, Andrew and Annette Flood, who have supported me each day and have instilled in me the belief that anything is possible for a coal miner's granddaughter; to my sister, Barbara Lockhart, with whom I shared my earliest conflicts and who is my strongest ally; to my partner, Suzanne B. Dougherty, for love in dog years; to my incredible circle of friends, Cathy Ahern, Michelle Aloi, Karen Bowlby, Donna Burke, Mark Lockhart, Amy O'Brian, Dawn Phillips, Whitney & Steve Rapp, Becky Thomas, and Ruth Williams; and to my best friend, Marie DeRosa, who has served as coach, research assistant, on-call licensed massage therapist, and personal inspiration for this work. Thank you all for your belief in students who struggle and for your belief in me.

Biographical Sketch

Sue Flood grew up in Corning, NY with her parents, Andrew and Annette Flood, and sister, Barbara (*Boo*). Her extended family worked in the coal mines and farm community of Karthaus and Frenchville, Pennsylvania, building the foundation for hard work that her parents continued throughout their careers at Corning Glass Works. She accepted her first job following graduation from SUNY Geneseo at St. Joseph's Villa, a residential treatment facility for students with emotional and behavioral needs. Her employment at the Villa for 13 years would impact all of her work and philosophy in dealing with students who struggle, and she subsequently found other like-minded professionals in the West Irondequoit Central School District. The shared value of never giving up on a student continues to influence her work as the Director of Student Services in the West Irondequoit Central School District today. She continues to extend her learning at St. John Fisher College, as an adjunct professor, where she supports the idea that "there are no bad kids, only bad behaviors."

Acknowledgments

Some people see the world as it is and ask 'Why?' I see the world as it could be and ask 'Why not?' –Robert Kennedy

In 1984, the influence of colleagues at St. Joseph's Villa instilled in me the belief that all students could be successful and that there are no bad kids, only bad behaviors. This value system continues in my work with my colleagues in the West Irondequoit Central School District. I would like to acknowledge the support of:

West Irondequoit Superintendent Jeffrey Crane, Assistant Superintendent for Instruction Linda McGinley, Director of Standards Support Tamara Lipke, Supervisor of Student Services Karyn Ryan, and the Board of Education;

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Teachers Jill Carrier, Darwin (*Bud*) Gardner, and Meghan VerHagen;

Student Support Specialist, Marie DeRosa, and Mary Ruberti, from the Cornell University Residential Child Care Project.

Special acknowledgment goes to my dissertation Committee Chairperson, Dr. Michael Wischnowski, and to my dissertation Committee Member, Dr. Marie Cianca.

Abstract

Students with emotional and behavioral disabilities experience less school success than any other subgroup of students. The educational system is the only institution mandated to serve children and youth with emotional disabilities; however, for approximately 51% of these students, the educational experience ends with the decision to drop out of school. For novice teachers, an early experience with a disruptive student can end their career, while even experienced teachers may feel daunted by student behavior. Educators are searching for more effective means of working with students with emotional needs whose unresolved conflicts can escalate into classroom disruption, lack of student success, increased discipline referrals, and potentially aggressive or violent incidents.

This mixed-methods study in a suburban school district in Western New York explored whether, after receiving training in Therapeutic Crisis Intervention, teachers utilized the Life Space Interview with fidelity, and whether the use of the Life Space Interview by teachers minimized student time out of class. Incidents of in-school suspension, out-of-school suspension, tardiness, and unexcused absence for students with disabilities in small classroom settings were compared pre- and post-intervention. Teachers and students who participated in the study were interviewed to share their perceptions of the use of the Life Space Interview. The research participants included 15 high school students with disabilities who attended small classes of eight students or less for their core academic subjects and three tenured special education teachers.

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Chapter 1: Introduction

The following vignettes, highlighting the academic and social/emotional progress of three high school students, Rose, AJ, and Marko, suggests the need for change in the current belief system and practice of public school personnel regarding behavioral interventions to support and teach problem-solving skills to struggling students. These paradigmatic cases describe anecdotal evidence for the need for additional alternatives to working with students with emotional needs and illustrate some of the issues teachers face in their work within a public school.

Schools are noting an increased population of youth who are alienated from adults and from value systems (Long, 2008). Children with emotional disabilities experience less school success than any other subgroup of students (Landrum, Tankersley, & Kaufman, 2003). The educational system is the only institution mandated to serve children and youth with emotional disabilities; however, for 51% of these students, the educational experience ends with the decision to drop out of school (U. S. Department of Education, 2005). For novice teachers, an early experience with a disruptive student can end their career (Atherton, 2009). Even experienced teachers may feel daunted by student behavior, “A student acting out means you are personally challenged, your competence is threatened and compromised, and you feel as if your credibility is on the line with the whole class” (Atherton, 2009). Educators are searching for more effective means of working with students with emotional needs whose unresolved conflicts can escalate into

classroom disruption, lack of student success, increased discipline referrals, and potentially aggression and violence.

Student Stories

AJ's story. AJ surfaced in junior high as a quiet, young man who could become agitated and occasionally aggressive. His mother alternated time living on the streets with occasional, unannounced visits home and periods of incarceration. When AJ's mother was off drugs, she was very involved in his life. AJ would become hopeful, then disappointed when she relapsed. The disappointment leads to depression and anger. AJ's father struggled to keep a job and provided marginally for the family's basic needs. Eventually, AJ and his father moved in with AJ's grandmother. When AJ's learning and behavioral difficulties increased in 7th grade, he was referred to the Committee on Special Education (CSE) to determine whether these difficulties were the result of a disability, as well as to recommend the level of appropriate support to help him succeed.

A behavioral assessment indicated that AJ's behaviors and coping skills fell in the clinically significant range, indicating a high level of maladjustment. AJ's teachers reported that he had difficulty maintaining necessary levels of attention at school, which disrupted his performance and functioning across classes. AJ had difficulty comprehending and completing schoolwork in a variety of academic areas. His teachers also reported that AJ sometimes displayed aggressive behaviors, such as being argumentative, defiant, and threatening to others. At age 16, AJ seemed alone, had difficulty making friends, and was often unwilling to join group activities. Teachers typically described AJ as a likable young man who tried hard but who tended to frustrate quickly, shut down, and avoid tasks.

Diagnosed with anxiety and depression, AJ's struggles were compounded when his grandmother's home burned to the ground, along with all family possessions. He moved into the Holiday Inn while continuing to attempt to manage his depression, anxiety, anger and frustration issues as well as earn school credit. AJ eventually turned to self-medicating with marijuana.

Based upon academic and behavioral assessments, observational and anecdotal information, the CSE classified AJ as a student with a learning disability. The CSE recommended the classroom placement of an 8:1:1 program within his high school: a program provided in a setting of no more than eight students with special needs with one full-time special education teacher and one full-time teaching assistant, significantly increased the staff-to-student ratio and provided more academic and social/emotional support.

Rose's story. Rose was a beautiful, 16-year-old young lady with a history of stomachaches and migraines. She was a typically developing and friendly student who began to shut down in junior high school. She was subsequently diagnosed with bi-polar disorder, anxiety disorder, and panic disorder. She struggled with large numbers of people, even if it was at a grocery store. Rose had a supportive family who connected her to a licensed mental health counselor and a psychiatrist. She was referred to Child and Partial Hospitalization Services during 9th grade by her private therapist. Her symptoms included sleep disruption, decreased appetite, mood dysregulation, poor concentration, feelings of restlessness, social withdrawal, significant anxiety with panic, visual hallucinations, paranoia, and school avoidance. She also reported some symptoms of obsessive-compulsive disorder, including counting and hair-washing. Rose was described

by her teachers as hard working and pleasant, with good academic skills despite mounting absenteeism. The significant depression, irritability, and panic attacks at school were resulting in increased days missed at school and frequent use of the nurse and school counselor when she did attend. Rose had also started smoking marijuana.

During her stay at Partial Hospitalization, Rose participated in multiple modes of treatment including individual, family, art, group, milieu, and pharmacological therapies, as well as educational and psychiatric evaluation. Her goals were to eliminate any thoughts of suicide or self-harm and to stabilize her mood as well as to increase her own self-awareness and self-advocacy. The school team and her family requested an expedited Committee on Special Education (CSE) meeting, where Rose was classified as a student with an emotional disability. Like AJ, she was recommended to receive support in the high school 8:1:1 program.

Marko's story. Marko was a 17-year-old whose broad smile and teenage awkwardness endeared him to others. His medical history was significant for moderately elevated lead levels until age three. His mother battled drug addiction while pregnant with Marko and had been in and out of jail due to her drug involvement. His biological father was murdered on his way to church when Marko was a year old. Marko eventually went to live with his maternal grandmother, whose medical condition prevented her from continuing to serve as his guardian. He then went to live with his paternal grandmother. At age nine, care and control was transferred to a maternal aunt who cared for him. Marko eventually returned to his paternal grandmother, who filed a Person In Need of Supervision (PINS) petition due to his chronic violation of curfew and refusal to follow house rules.

In grade seven, Marko entered a large city school. He received failing grades in core content areas, and his report card indicated little work completion, being unprepared for class, and excessive socialization. Furthermore, numerous out-of-school and in-school suspensions were noted due to participating in aggression/fights with peers, using obscene language, and disrupting the classroom. He was eventually placed at a contained campus residential treatment facility where students are adjudicated by the court or placed through Social Services. This facility was only slightly less restrictive than juvenile incarceration, and was not locked, but was completely self-contained with the residence, school, and recreational activities occurring on the campus. There was intensive, 24-hour-a-day staff supervision. When he eventually moved to a group home run by the facility, he entered a suburban district as a general education student.

Marko struggled significantly at the school from the onset. The team implemented numerous classroom interventions, including using reminder cards to outline procedural steps for math and essay writing, providing hard copies of notes, providing a hard copy of the classroom agenda to preview, using extended time, clarifying directions, and using visuals and manipulative materials where appropriate. In addition to academic concerns, teachers indicated significant behavioral problems, including stealing, bullying, aggression, using profanity, verbal threats, invading others' personal space, arriving late to class, taking extended bathroom breaks, and disrupting the classroom.

Marko was referred to the Committee on Special Education (CSE). His family history was significant for learning difficulties and incarceration. Marko was administered academic and behavioral assessments, which indicated that he performed as well as or better than 2% of his same-aged peers. He was at significant risk of not

attaining the skills necessary to graduate with a New York State diploma. Scores on a behavioral assessment fell in the clinically elevated range for school problems. This scale reflected academic difficulties, including problems with motivation and attention as well as with learning and cognition, which were very likely to interfere with academic achievement. The scale also indicated that Marko may have a tendency to engage in antisocial or rule-breaking behavior and be at-risk for behaviors such as cheating, deception, truancy, lying, and/or stealing. He also bullied peers, engaged in an unusually high number of behaviors that were adversely affecting students in the classroom, and was having difficulty maintaining self-control, despite his efforts to be successful and to please adults. In spite of life-long difficulties, Marko was well liked by staff and peers. He showed excellent manners and was caring and polite. Marko had an excellent, dry sense of humor. When Marko felt that people liked him and believed in him, he would look out for them and give them the shirt off of his back. The CSE classified Marko as a student with an emotional disability. He, too, was supported in the 8:1:1 classroom environment with AJ and Rose.

As classmates, AJ, Rose, and Marko each possessed unique areas of strength and personality, as well as personal experiences and family history. However, they shared common needs, including low frustration tolerance, inability to regulate their emotions, and difficulty problem solving and advocating for themselves. These needs were compounded by learning difficulties that developed over time. To be successful in school as well as with life-long goals, each of these students required a combination of academic and behavioral interventions that surpassed the skill-set of a typical public school teacher.

Current Practices and Legislation

Current teacher training practices prepare for content expertise, planning and implementing instruction, assessing learning, managing a positive learning environment, and collaborating with colleagues and parents. Effective and well matched instruction reduces, but does not fully eliminate, classroom behavior problems (Emmer and Stough, 2001). Effective classroom management requires a comprehensive approach that includes (a) structuring the classroom environment, (b) actively supervising student engagement, (c) implementing and supporting classroom rules and routines, (d) enacting procedures that model and encourage appropriate behavior, (e) using behavior reduction strategies, and (f) collecting and utilizing student data to monitor behavior and to modify classroom procedures as needed (Emmer & Stough, 2001; Gilbert & Lignugaris-Kraft, 1997). However, even these methodologies were not sufficient to help students like AJ, Rose, and Marko to resolve their needs from impacting on educational success.

The Individuals with Disabilities Education Act (IDEA) has a long history of promoting success for students with disabilities. Prior to the implementation of the Education for All Handicapped Children Act in 1975, approximately one million students with disabilities were placed outside of their home schools and denied appropriate educational access or appropriate services. The legislation of IDEA changed the lives of these students by mandating access and support for their education and was renewed in 2004 and aligned with the No Child Left Behind Act (NCLB). The provisions of NCLB and the new IDEA have focused on raising expectations for students with disabilities. The goal was to increase parental involvement in the education of their children and to ensure that general education teachers were involved in planning and assessing children's

progress. Students with disabilities were required to have access to general education assessments, performance goals, and reports to the public. In addition, quality professional development for all personnel who are involved in educating students with disabilities was required on a yearly basis (www.idea.ed.gov).

The research has argued the importance for students to be in school and at home (Walter, 2004). Legislation also supported this notion by mandating the inclusion of students in their home schools whenever appropriate in the least restrictive environment (nysed.vesid.gov). This leads to the question of teacher preparedness when working with students who have difficulty with managing their emotions and behaviors within the school setting. Often, teachers are not prepared emotionally or organizationally for crisis or the onset of students with behavioral concerns (Wagner, Friend, Bursick, Kutacsh, 2006). Many teachers spend a disproportionate amount of energy dealing with discipline (Rutherford, 2006; Saphier & Gower, 1997). Most of the student crises in public schools are minor but of high incidence (Sugai, Simonsen, & Horner, 2008). It is the escalation of these crises that leads to disciplinary actions, such as suspension, and to chronic antisocial behavior (Center for Mental Health in Schools, 2008). Research indicates that teachers are in the unique and best position to gather information and to keep these minor problems from escalating to crisis (Callahan, 1998; Rutherford, 2006; Sugai & Horner, 2008). Training teachers in de-escalation strategies would increase the likelihood of diminished conflict and, therefore, crises (Child Welfare League of America, 2002).

Significance of the Study

Research suggests that there may be positive implications within the public school setting for teachers whose repertoire includes Therapeutic Crisis Intervention, especially

the Life Space Interview, and their ability to decrease disruptive classroom behaviors, reduce student time out of class for disciplinary referrals, and respond more proactively to student needs.

Therapeutic Crisis Intervention is an approach to changing behavior that incorporates aspects of both behavioral and psychoanalytic theories. Although there appeared to be positive arguments for Therapeutic Crisis Intervention in research, there did not seem to be research-based evidence of a highly effective model within a public school system. Phases of Therapeutic Crisis Intervention have been identified and address the individual through the steps of crisis management, including pre-crisis, during the crisis, and post-crisis. These analyses are still lacking systematic implementation of techniques.

Several educational and societal trends indicate the need for intervention for students to offset multiple social consequences. The intervention should be proactive in nature and involve staff as well as students (Deci, Nizlek, & Sheinman, 1981). Data shows that over 150,000 students are truant from school each day, while over three million crimes are committed in and around schools each year (NYSED, 2007). This indicated an urgent need to identify students at risk for truancy and out-of-school suspensions and provide them with interventions. Data on students who are truant indicated frequent behavioral difficulties and disciplinary issues in school (Marsee, Weems, & Taylor, 2008). Longitudinal studies have shown that those students have the highest incidence of drop-out rates as well as the highest incidence of criminal involvement (Nunno, Day, & Bullard, 2008).

Social and private consequences continue for students who drop out of school. Lawrence (1998) identified seven of these social as well as private consequences based on educational attainment: (a) a decreased national income (b,) decreased tax revenues, (c) increased demand for social services, (d) increased crime due to unemployment and financial pressures, (e) decreased political participation, (f) decreased intergenerational mobility, and (g) decreased levels of health. When students drop out of school, their limited educational and vocational opportunities directly impact society (Office of Mental Health, 2007).

Students with emotional and learning needs demonstrated greater risk for involvement with alcohol, drugs, sexual activity, depression, drop out, and suicide than peers (Office of Mental Health, 2007; Putnam, 1995). The New York State Education Department cites increased special education relative to these needs. The focus on inclusion of students with disabilities within the least restrictive environment placed many students in general education settings. Disproportionality of students with disabilities in regard to rates of suspension and expulsion compared with their general education peers is now monitored by the New York State Education Department (New York State Performance Plan Indicator #4), with links to reduction and monitoring of state aid if these issues are not addressed.

It was also noted in the literature that alternatives from out-of-home placements for disruptive youth were favored. These placements were costly and could be reduced with home-based services that were more effective (Holden, 2008; Smollar & Condelli, 1990). As noted by the Office of Mental Health, many students who are adjudicated to

out-of-home placements have a history of school behavioral difficulty and evidenced a lack of problem-solving skills.

The New York State Office of Mental Health reports on the Child and Adult Integrated Reporting System (CAIRS) indicators from 2005-2006 that over 85% of youth admitted to residential treatment facilities showed indicators of verbal aggression under the symptoms and behaviors indicator. The CAIRS indicators rate students in subgroups from age 12-18 with over 75% evidencing frequent physical aggression, over 87% evidencing difficulty with peer interactions, over 75% evidencing temper tantrums, and over 94% reported evidencing functional impairment of social relationships.

The idea of terminating attendance or expelling troublesome youth as an intervention was also discussed by Howard (2007). The majority of the students expelled tended to fall into minority categories and lived in impoverished neighborhoods. Therefore, terminating the enrollment of students to establish minimum behavior standards actually increases the inequality of educational attainment of minority groups and perpetuates social disorder.

One such case is that of Stui, a 9th grade student who identifies himself as Hispanic. Stui was a new entrant to his current school district and was supported within a co-taught 12:1:1 special education program, which provided an increased adult-to-student ratio of no more than twelve students with one full-time special education teacher and one full-time teaching assistant. Stui was on target to earn all credits for the year when he was suspended for 40 weeks for flashing gang signs in an athletic complex. He was arrested for disorderly conduct and resisting arrest. From Stui's perspective, he was standing up for his new school and was communicating his allegiance to his new

community. He did not understand why he was arrested when he did not actually engage in a physical confrontation with others or possess weapons. The academic progress he had been making was largely interrupted by this suspension. In addition, he had not gained self-regulation, frustration management, or problem-solving skills without direct instruction in those areas. Compensatory tutoring services were required for up to two hours per day total for a student Stui's age (nysed.gov). He was also on probation and a step closer to possible juvenile remand to an out-of-home placement or detention center if problems persist. Like AJ, Rose, and Marko, he, too, may require intensive and unique teacher support to be successful, and to gain skills in self-regulation and problem-solving.

Problem Statement

The Psycho-Educational Model. The Psycho-Educational Model may be traced from both behavior theory and psycho-analytic theory. The notions of researchers within each field highlighted the links to modern practice with students with emotional and behavioral skill deficits in response to the difficulty of these students to succeed within the public school system.

The evolution of the Psycho-Educational Model recognized the change in patterns of behavior, values, interpretation of life events, and outlook of individuals who are not adjusting well to their environment. This approach for changing behavior holds that behavior is more than just a symptom, and that inappropriate behavior occurs as an attempt to cope with the demands placed upon individuals who have never learned, or who have run out of, adaptive coping mechanisms and skills. More adaptive and appropriate behaviors can be developed by assisting the individual to recognize the need

for change and the need to adopt pro-social alternative responses through understanding the patterns of their own behavior.

Perhaps the greatest influence on current Psycho-Educational approaches was developed in the 1940s through 1960s through the work of Fritz Redl. Drawn from both behaviorist and psychoanalytic views, the approach stressed growth through knowledge and promoted the theory that behavior is a result of personal and situational circumstances. Noting that the breakdown of behavioral controls of children was steadily increasing, Redl focused his attention on a group of children who were characterized by their lack of ability to meet everyday challenges and who experienced vivid urges identified by the concept of hatred. These students appeared to hold similar characteristics to children classified with Emotional/Behavioral Disorders today. In studying these children during episodes of breakdown, the most frequent reaction was of hatred as well as strong reaction to failure in tasks, expressed far beyond the average or norm for similar *adjusted* children of the same age. These children battled on several levels to satisfy impulse gratification. On the first level was the battle with conscience by removing guilt, shame, or embarrassment (e.g., noting the need for an item as opposed to the theft of it). The battle against change, particularly internalized change, characterized another level (e.g., refusal to reform, forcing an authority to perform acts of discipline to continue the cycle of frustration). Also noted was the battle to unite with delinquent support, often developing special skills at recognizing peers with similar subversive personalities in an attempt to ward off positive intervention. Finally, Redl noted the battle against the change agents, by learning techniques to gauge the anger or exasperation of the adult and then continuing to provoke it.

Educational attempts that could be effective within the general population were not typically effective with these children due to their severe limitations in areas of frustration tolerance, ability to postpone immediate impulse satisfaction, lack of future perspective, lack of responsibility or insight into their own actions, and weak methods of sustaining positive relationships. Redl organized a residential treatment facility for severely disturbed boys in Detroit in 1946. The facility, known as Pioneer House, was designed as the precursor of current milieu therapy. The founders believed aspects ranging from the environment to minute daily reactions of adults had significant relevance to treatment. Positive treatment of anger and aggression management was the intended result. Within the program were specified rules of conduct, complete with limitations set by the staff to provide barriers for frustration.

Redl espoused the belief that there are no *bad* children and through his work sought to help children develop coping skills for the unfortunate and negative events that had interfered with or damaged their emotional growth. Interventions were structured to manage immediate behavior, to supply systematic behavior modification, to manage crisis, and to promote the affective reduction of problematic behavior.

One of the foremost contributions of his work that continues today is the development and practice of the Life Space Interview, which structures the "clinical exploitation of life events." (Redl, 1952). This model capitalizes on crisis as an opportunity to teach life lessons to individuals and help them understand and regulate their own emotions and behavior. It is focused not on the child's history, but on the child's behavior, and relying upon the milieu for clues, rather than through the limitations of an office counseling session. Each life event could be seen as a unique dynamic. The

Life Space Interview is known through its acronym, I-ESCAPE, based on the notion that a child in crisis is most likely attempting to escape overwhelming feelings, a negative situation, a consequence, or responsibility.

Existing public school policies and practices may not be sufficient in addressing students with disabilities and remediating problem-solving skills. Fritz Redl and David Wineman (1952) cited effective examples of interrupting inappropriate behavior using Therapeutic Crisis Intervention and asserted that there are ways to interfere in the early stages of crisis with a young person who is beginning to act out, but who is not endangering him/herself or others. They asserted that intervention at the initial behavior stages or "warning signs" can stop the escalation process and assist the child in returning to normal functioning level. This work became the basis for a crisis intervention training developed through Cornell University called *Therapeutic Crisis Intervention*.

Therapeutic Crisis Intervention. Therapeutic Crisis Intervention (TCI) is a crisis prevention and intervention model utilized in residential child care facilities based on the foundational concepts of Redl (Holden, M., Holden, J., Kuhn, Il, Mooney, A., Morgan, C., Pidgeon, N., & Taylor, R., 2001). The curriculum for Therapeutic Crisis Intervention was first developed in 1980 by Michael Budlong and Andrea Mooney of the Family Life Development Center at Cornell University. Supported by a grant from the National Center on Child Abuse and Neglect, it evolved to a certification program and implementation project to support organizations in reducing risk associated with supporting young people and may have implications within the public school setting, in particular the use of the Life Space Interview (Ruberti, M., Interview 11/05/08). Therapeutic Crisis Intervention and the tool of the Life Space Interview includes active

listening and de-escalation strategies that would also attempt to give teachers another alternative to school-based disciplinary actions, potentially increasing student time spent in the classroom (Dawson, 2003).

Therapeutic Crisis Intervention attempts to assist organizations in preventing crises from occurring, de-escalating potential and actual injury to children and staff, and teaching young people adaptive coping skills. The model gives organizations a framework for implementing a crisis prevention and management system that reduces the need to rely on high risk interventions. It provides staff with the skills, knowledge, and attitudes to help young people when they are at their most destructive. It also provides staff with an appreciation of the influence that adults have with children who are troubled and the sensitivity to respond to both the feelings and behavior of an upset young person in crisis, especially through the use of the Life Space Interview (Hangii, 2008; Holden, M., Holden, J., et al., 2001).

The focus of TCI is to assist in preventing and de-escalating crises and teaching adaptive coping skills to students. The development and utilization of a therapeutic milieu within the environment is critical in the facilitation of the TCI model. According to Westcott (2001), the key points of TCI are (a) provide caring, soothing, and supportive working environments in which staff can feel safe and supported; (b) structure the management, administration, and physical environment in a way to minimize power hierarchies and inequalities as they apply to staff; (c) systematically deal with victimization and safety issues as part of staff development; (d) emphasize communication of feelings among staff, supervisors, administrators, and managers; (e) acknowledge staff's perceptions of justice; (f) show respect for children, young people,

for staff, for property, and for difference; (g) develop new narratives for the facility, have a clear purpose and mission, highlight positive outcomes from negative experiences; (h) promote trust in the management and authority structures of the facility; (i) demonstrate a new value base founded on children and staff, not profit or *back-covering*; and (j) promote a vision of the young people, staff, and the care facility as persons and things worth investing in, as valuable lives.

The initial or Level 1 TCI training is a four-day training model, which is delivered by certified Therapeutic Crisis Intervention trainers. The trainers are full-time employees of the TCI Train the Trainers (TxT) Program, within the Residential Child Care Project of the Family Life Development Center at the College of Human Ecology, Cornell University. The expanded curriculum is offered by trainers in 47 of the 50 United States as well as the UK, Ireland, Australia, Russia, New Zealand, Canada, Israel, and Bermuda. Recertification is required every two years, and although the training has been placed in a residential context, it is currently being re-written as a school-based curriculum beginning in 2009. There is currently a lack of research on its effectiveness in a public school environment.

An additional two levels of certification are required to become a trainer, with a pre-requisite of passing initial TCI training. The Associate Certification with Physical Intervention requires the successful completion and complete attendance of TCI Train the Trainer (TxT), a passing score on the written exam, adequate demonstration of physical intervention skills assessed during the course of five days of training, and a final physical intervention demonstration. The certification affirms the responsibility and ethics of the training to practice according to the TCI principles as well as follow the guidelines for

offering training. Associate Certification without Physical Intervention is also offered and permits the same privileges as the aforementioned without the ability to train any of the physical intervention techniques.

Scope of Training

The scope of Level 1 training includes preventive measures, such as understanding the stress model of crisis, assessing the situation, self-awareness and the implications of personal background and experiences, awareness and shaping the environment, and moves toward intervention approaches. The intervention approaches range in response from verbal communication and behavior management techniques to non-verbal communication, and finally, safety interventions and physical restraint training designed with the safety of the individual and the providers in mind. Two processing models are utilized to emphasize the learning opportunity and skill-building which can occur as an opportunity for someone in crisis. The emphasis is always on preventive measures rather than physical intervention, which is a last resort and should only occur when an individual is in imminent danger of harming him/herself or others. Physical intervention should never be utilized as a control mechanism, and ongoing research emphasizes that the therapeutic nature of physical intervention is questionable as well as the increased risk of inviting accidental harm of a greater degree than the individual would typically invoke if not intervened upon.

Competencies of TCI Training

There are three competencies assessed within Therapeutic Crisis Intervention training that focus on prevention and de-escalation of crises, management of a crisis, and

processing a crisis situation (Family Life Development Center, 2009). All are designed as tools to be utilized independently or in conjunction with each other.

Competency 1 focuses on skills to proactively prevent and/or de-escalate a potential crisis situation with a child or young person in residential care (Family Life Development Center, 2009). These competencies are assessed through the capacity to identify the stage of a potential crisis and to assess the situation in terms of personal strengths and weaknesses, including the young person's needs, the program requirements, and additional environmental factors in order to develop an intervention strategy and to apply an intervention that decreases risk of harm.

Competency 2 focuses on the ability to safely and therapeutically manage a crisis situation and is assessed by one's capacity to assess the safety risk in a crisis, to engage the young person in crisis, to manage the crisis according to the Individual Crisis Management Plan, to stay in control of oneself and the situation, and, if necessary, to intervene physically in a manner that reduces the risk of harm (Family Life Development Center, 2009).

Competency 3 concentrates on the skills to process crisis situations with children and young people to help improve their coping strategies (Family Life Development Center, 2009). These skills are assessed as the capacity to establish positive relationships with children and young people, to identify precipitating factors of incidents, to conduct a Life Space Interview, to teach children better coping skills, and to learn from crisis situations (Family Life Development Center, Fifth Edition, Cornell University, Ithaca, NY. Figure 1, p. Aviii; TCI Trainer Manual: Activity Guide (2001).

The purpose of the TCI system is to provide a crisis prevention and intervention model for organizations/districts that will assist in: (a) preventing crises from occurring, (b) de-escalating potential crises, (c) effectively managing acute crises, (d) reducing potential and actual injury to students and staff, (e) learning constructive ways to handle stressful situations, and (f) developing a learning circle within the organization (Family Life Development Center, 2009).

Crisis is usually associated with a negative or traumatic event or experience, such as a threat, perceived harm, death, or experience that poses physical or emotional harm or trauma. Everyone experiences crisis in some way due to the ever-changing nature of life. Crisis is an inevitable part of that change as it disturbs the baseline or homeostasis. This baseline will later be referred to as the *pre-crisis state*. The model of TCI applies the Chinese philosophy of crisis, in which the character for crisis combines the Chinese characters for danger and opportunity (Family Life Development Center, 2001). This combination reveals both the potential for danger and the opportunity to make positive change. When adults working with children possess the appropriate skills, there is an opportunity to utilize moments of crisis toward invoking a positive change via the immediate de-escalation of emotion and the production of positive coping and problem-solving skills (Family Life Development Center, 2009). The book *Prevention of Mental Disorders in Children* (Caplan, 2003) describes crisis as a normal part of life, and an opportunity for positive change or growth:

> During the period of upset of a crisis, a person is more susceptible to being influenced by others than at other times of relative psychological equilibrium… this is a matter of supreme importance; because by deploying helping services to

deal with individuals in crisis, a small amount of effort leads to a maximum amount of lasting response. (p. 123).

When experiencing crisis, the typical functioning level of an individual breaks down and he/she may not be capable of managing the ensuing stress. This can occur for individuals facing an unusual or extreme situation, which evokes the need for coping skills that may not have been developed, that overwhelm current coping mechanisms, or by the elicited feelings of fear or frustration. If an individual feels overwhelmed or powerless, the emotions may escalate and impair rationale thinking and response. A subsequent physiological arousal may occur, similar to the *fight or flight* response (Lohrman, Forman, Martin, & Palmieri, 2008; Marlowe & Disney, 2006; Marsee, Weems, & Taylor, 2008).

A crisis occurs when a person faces an obstacle to important life situations that is for a time insurmountable through the use of his or her customary methods of problem solving (Family Life Development Center, 2001). In other words, a person in crisis, at that particular time, is unable to rely on his/her familiar coping mechanisms and is faced with an acute sense of disequilibrium (Family Life Development Center, 2001). The dynamics of crisis are indicated by a sudden change in the young person's behavior, coupled with the issue that the young person has run out of or never learned effective, rational, constructive ways of coping with internal or interpersonal problems (Family Life Development Center, 2009). At this juncture, the goals of crisis intervention include providing immediate emotional and environmental support in a way that reduces the stress and risk and teaching better, more constructive and effective ways to deal with stress or painful feelings (Family Life Development Center, 2001). Figure 1.1 illustrates

the escalation of stress in an individual who is running out of or has never learned coping mechanisms and the impact on levels of behavior.

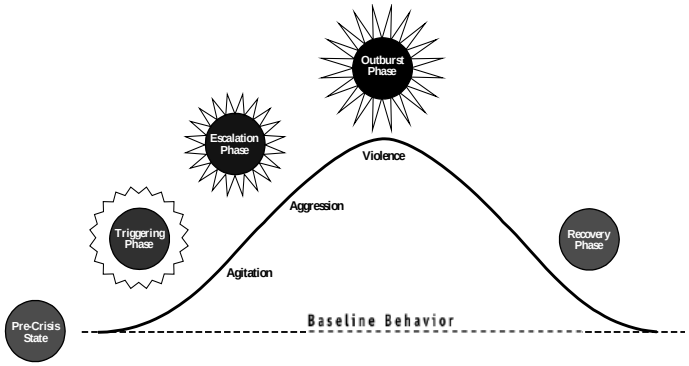

Figure 1.1. Stress Model of Crisis. Reprinted with permission from the Family Life Development Center, 2001

There are two types of crisis that are addressed by the model of TCI. One is situational crisis, and the other is maturational crisis (Family Life Development Center, 2001). In maturational crisis, the normal developmental growth process evokes stress when moving from one stage to another. The stressors created during this time involve relationship building and maintenance, changes in academic and learning expectations, increased responsibility, and changes in role or status. Although all individuals experience developmental growth and may be naturally stressed during these times, for individuals who have not developed healthy coping mechanisms, the stress may be exacerbated (Family Life Development Center, 2009).

In situational crisis, events occur that can trigger a reaction for an individual. These events can be major events, such as the death of a loved one, divorce, or a more minor event such as feeling inadequate to face schoolwork or daily challenges. At each degree, situational crisis evokes a feeling of stress based on the individual's perception of the event, rather than the *scale* or severity of the event to outside observers. Crisis is

conceptualized through the stress model and includes five phases, which are described as the pre-crisis state (baseline), triggering phase, escalation phase, outburst phase, and recovery phase (Family Life Development Center, 2001). The pre-crisis state, or baseline, is determined by the individual's typical behavior and not necessarily by group or social behavior or norms or by the observer's expectations. If a student, for example, is typically boisterous, talkative, and physically active, those behaviors would be considered baseline for that student, as opposed to a student who is quiet, withdrawn, and rarely initiates conversation, for whom baseline or normal behaviors appears vastly different. For each of these students, it is the knowledge of their individual baseline behavior that assists others in responding to potential crisis. The pre-crisis state is followed by the triggering phase, in which the arousal or stress is increased and moves toward the escalation phase, where the individual becomes upset, agitated, or even destructive (Family Life Development Center, 2001). This may, subsequently, be followed by even more escalated behaviors in the outburst phase, when an individual may increase behavioral acting out to the degree of posing harm to self or others (Family Life Development Center, 2001). The recovery phase is marked by signs of calming down. It is at this phase where possible outcomes diverge, depending upon the interaction of the adult.

Therapeutic Crisis Intervention emphasizes that the recovery phase is the opportunity to help the student learn coping skills and grow from the crisis (Family Life Development Center, 2001). According to TCI training, there are three possible outcomes in all crisis situations. The highest level outcome is the *Educateur*, linked to the Canadian term for teacher of life skills. This outcome is the preferable outcome of a crisis as the

adult response promotes de-escalation of the crisis as well as the opportunity to learn and practice more effective coping skills that can be eventually transferred to independence across situations (Family Life Development Center, 2001). The intervention occurred in a therapeutic manner, and the student has explored and is learning to prevent or handle stressful situations more effectively, and the relationship between the adult and the student has been enhanced.

The second possible outcome of a crisis is the *Fire Fighter*, in which the adult may stop or inhibit the crisis, but does not teach skills to the student, thereby evoking no long-term change (Family Life Development Center, 2001). This outcome merely *puts out the fire* and awaits the next crisis. When a triggering event occurs, it is likely that the student will respond in the same way.

The third outcome is the lower level of the *Abuser*, in which the intervening adult may actually reduce the student's ability to learn or grow or create interactions that invoke abuse in the form of shaming, blaming, or damaging the student in the way the crisis was handled or ignored (Family Life Development Center, 2001). As a result of this outcome, the student may regress in skills, which can lead to decreased ability to handle stressful situations. The student may even be retraumatized by the event.

When events for a student become stressful and there is an escalation of behavior, adults often engage in actions to correct the behavior. Directive statements, making demands, threats for compliance, or giving consequences are actions that can generate resistance and even escalate situations with some students (Baker, P., 2005). Nicholas Long (2007) describes the conflict or crisis cycle or power struggle as the product of a student's stress fueled by others' reactions. In the conflict cycle, there is typically an

event (stressful situation or incident) that triggers response in the individual's feelings, thereby evoking a behavioral response. At this stage, the adult response is critical in shaping the behavior, either escalating and continuing the crisis cycle, or de-escalating and returning toward baseline behavior (Family Life Development Center, 2001). Figure 1.2 illustrates a model of the crisis cycle.

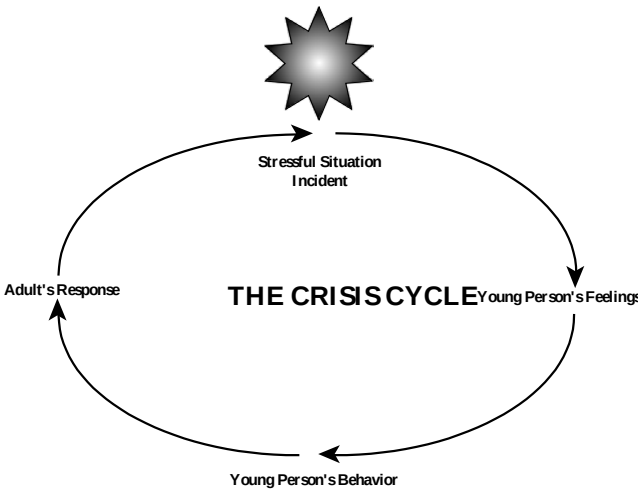

Figure 1.2. The Crisis Cycle. Reprinted with permission from the Family Life Development Center, 2001.

If the crisis cycle is not broken, it will inevitably erupt into a crisis and continue to escalate (Family Life Development Center, 2001). To break the cycle, it is essential to understand and recognize what is happening. In the early stages of a crisis cycle, it is important to consider the adult's reactions to the student. How the adult reacts or intervenes determines the outcome of the crisis (Long & Fecser, 2001). At this stage, adults need to be in control of their emotions (Belknap, N., 2001). A student's negative behaviors may typically evoke hostile or defensive reactions from adults. The adult tries to take control of the situation and asks or tells the student to stop the undesirable behavior. Students have an internal script that dictates to them how adults are likely to

react, and they respond in a way that will result in what they expect. This cycle can continue into a crisis. The techniques used to de-escalate a student in crisis include using intervention approaches, such as behavior management techniques, including managing the environment; prompting; proximity; hypodermic affection (e.g., caring gesture); hurdle help; directive statement; time away, not time out; and the strategy of active listening (Family Life Development Center, 2001).

The importance of relationships is critical in responding to the needs of students (Green, 2008). During periods of upset or crisis, people spontaneously turn to those they trust for support (Ajzen, I., 1997). Caring relationships are characterized by respect, trust, validation, and empathy (Barklay, K., 2002). At times, adults tend to try to solve problems for students, minimize their feelings, or move past the provoking incident without acknowledging the feeling associated with the event. The effect can discourage further communication (Bondy, E. & Ross, D., 2008). Additional roadblocks to communication include blaming, criticizing, and interrupting (Family Life Development Center, 2001). A student who is frustrated, upset, or angry may not know what he/she is feeling (Bronfrenbrenner, U., 1979). Part of the adult's role is to assist the student in discerning his/her feelings and point of view. The techniques utilized in active listening will help the adult to ask the second question. Both non-verbal and verbal techniques are targeted toward understanding feelings and needs. Non-verbal skills include the use of silence, nods, physical closeness, and eye contact (Family Life Development Center, 2001). Research (Mehrabian, P., 1981) and indicate that the facial expressions carry the largest percentage of meaning in the context of communicating about emotion (Meaning = 55%, facial expression + 38%, tone of voice + 7% words).

Encouraging and eliciting techniques may enable a student to talk and can help the student calm down, use their words to express him/herself, and provide important information relative to the student's experience (Family Life Development Center, 2001). The adult's tone of voice and the ability to speak calmly and respectfully reduces stimulation to the student in a crisis and can cue the student in regard to what the adult is trying to convey (Brendtro, L, & Long, N., 2005). Minimal encouragement, or brief statements such as "uh-huh" or "go on" may be all that is needed to urge a student to keep talking. Door openers encourage a student to expand on information (e.g., "Tell me more about that."). The use of open questions (e.g., "Tell me what happened before I came over.") and closed questions (e.g., "Is that when you threw your paper on the floor?") can be inserted strategically to continue to flow of information and to affirm (Family Life Development Center, 2001). The use of a *why* question is not recommended as it may elicit defensiveness or be perceived by the student as judgmental. Some students may not be able to link their feelings to their behavior, thus evoking frustration. Understanding responses (e.g., "I know how you feel.") are used to reflect the content of the response back to the student, as well as validating their feelings (Family Life Development Center, 2001).

According to Therapeutic Crisis Intervention training, there are critical questions that the intervening adult must ask of him/herself prior to inserting to assist an escalating young person. The first question: *What do I feel right now?* focuses on the importance of self-awareness. The second question: *What does this student feel, need, or want right now?* brings the focus back to the student and their immediate needs. The third question: *How is the environment affecting the student?* (e.g., lighting, routines and structures,

agency policy and procedures) helps the adult to look at the factors immediately in their control, which may reduce agitation as well as prevent future issues. The fourth question: *How can I best respond?* brings the adult back to the immediate need and the toolbox of intervention strategies (Forthun, McComvie, & Freado, 2006).

The Life Space Interview is a therapeutic verbal strategy and is a critical skill within Therapeutic Crisis Intervention (Family Life Development Center, 2001). It uses a student's reaction to difficult situations as a vehicle to change his/her behavior and expand his/her understanding and insight into his/her own and others' behavior and feelings (Family Life Development Center, 2001). A Life Space Interview should occur after an incident and when the student is calm and ready to talk. Ideally, it can occur at some time later the same day in order to assist the student to process without removing him/herself fully from the feelings that may have instigated his/her arousal. It is important that the teacher/adult and the student discuss what happened and develop a plan to minimize the chance of another incident. It gives validation to the student's feelings and helps to re-establish trust and faith with the teacher/adult (Family Life Development Center, 2001). Table 1.1 illustrates the steps to the Life Space Interview.

Table 1.1

The Life Space Interview

Letter	Step
I	Isolate the conversation
E	Explore student's point of view
S	Summarize the feeling and content
C	Connect behavior to feelings
A	Alternative behaviors discussed
P	Plan developed/Practice new behavior
E	Enter student back into the routine

Note. Reprinted with permission from the Family Life Development Center, 2001.

Three competencies are required to gain certification in TCI. The first is the demonstration of proactively preventing and/or de-escalating a potential crisis situation with a child or young person (Family Life Development Center, 2001). This is evidenced by the capacity to identify the stage of a potential crisis, to assess the situation in terms of personal strengths and weaknesses, and to identify the young person's needs, program requirements, and additional environmental factors in order to develop an intervention strategy and to apply an intervention that decreases risk of harm (Family Life Development Center, 2001). The second competency, safely and therapeutically manage a crisis situation, is evidenced by the adult's capacity to assess the safety risk in a crisis, to engage the young person in crisis, to manage the crisis according to the Individual Crisis Management Plan, to stay in control of oneself and the situation, and, if necessary, to intervene physically in a manner that reduces the risk of harm (Family Life

Development Center, 2001). The third and final competency focuses on processing crisis situations with children and young people to help improve their coping strategies. This is evidenced by the capacity to establish positive relationships with children and young people, to identify precipitating factors of incidents, to conduct a Life Space Interview, to teach children better coping skills, and to learn from crisis situations (Family Life Development Center, 2001).

Crisis as Opportunity

To consider problematic behavior, or crisis, as an opportunity requires the perspective that all behavior has meaning and, therefore, reflects some type of need (Maslow,1943). Similar to an iceberg, the top signifies the noticeable behavior, which is seen on the surface of the water. However, it is the feelings and needs of the young person that drive the behavior, similar to the base of an iceberg underneath the water. While not immediately visible to the surface, the underlying feelings are a part of the critical understanding of behavior (see Figure 1.3).

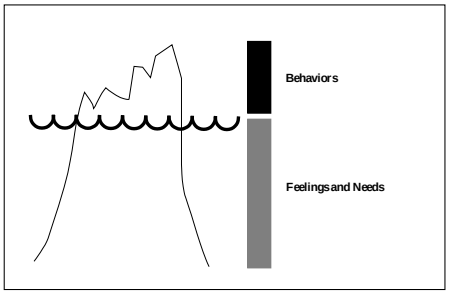

Figure 1.3. Behavior Reflects Feelings and Needs. Reprinted with permission from the Family Life Development Center, 2001.

What kind of help and how it is given can make a crucial difference between the student's learning from a crisis experience or being set back (Family Life Development Center, 2001). The Therapeutic Crisis Intervention training program presents a crisis prevention and intervention model designed to teach staff how to help children learn constructive ways to handle crisis. The skills, knowledge, and professional judgment of staff in responding to crises are critical factors in helping students learn constructive and adaptive ways to deal with frustration, failure, anger, rejection, hurt, and depression (Family Life Development Center, 2001).

Interventions Embedded within Therapeutic Crisis Intervention

Antiseptic Bouncing is the equivalent of *time out* and should be conducted non-punitively and only when the removal of a child from a scene of conflict is the only way to cope with the behavioral implications involved (Family Life Development Center, 2001). Justifications for Antiseptic Bouncing include physical danger, overexcitement that threatens to get well out of control, behavior that is having a negative impact upon the group (the word *contagion* is used to describe this phenomenon), the need to help the

student *save face* by getting them out of a sticky situation, and a need for adults to assert authority by setting limits (Redl, 1959).

When using a *Direct Appeal***,** the adult reminds the child of the possible consequences for a given behavior. The consequences may be social (e.g., loss of relationship or power within a peer group, rejection by others) or objective (e.g., being injured). The appeal may also be placed within the context of the adult-child relationship (Redl, 2008). The use of Direct Appeal may work only if the relationship has been developed previously. Redl & Wineman point out that adults tend to over-use Direct Appeal in the form of lecturing, sermonizing, giving warnings, etc. and that this technique is best employed sparingly.

Hurdle Help is provided by an adult when a child is getting frustrated or agitated and may help him/her to get over a hurdle and so prevent an inappropriate response. In classrooms and elsewhere, adults working with students with emotional disabilities must monitor their levels of frustration and intervene before problems erupt (Redl, 1959).

In addition to involvement in the interest relationship, many troubled students require adult affection if they are to maintain good self-control, although they may reject adult attempts to show it (Family Life Development Center, 2001). This adult affection, termed *Hypodermic Affection*, may take the form of a pat on the back or a *high five*. The ambivalent attitude of a youngster receiving *Hypodermic Affection* is likely an unconscious expression of early needs that have gone unmet, with denial of those needs the resulting defense (Redl, 1959).

Youth with emotional and behavioral problems often have a distorted view of reality and are usually out of touch with their own motivations (Redl, 2008). Use of

Interpretation as Interference helps the child to gain a better perspective on outer or inner reality (Redl, 1959). The responsible adult has a better grasp on reality than the struggling student and so is in a good place to help the child understand just how things work. For example, the adult might help a student understand that the principal really doesn't *have it in for him*, but that the administrator is simply enforcing fair rules and expectations throughout the school (Family Life Development Center, 2001).

Redl & Wineman (1962) observe that students with emotional disabilities lose interest in activities more rapidly than those without emotional and behavioral problems. Adult involvement may be needed to stimulate flagging interest by *Involvement in the Interest Relationship*, involving and modeling in the activity at hand.

Redl & Wineman (1962) speak of *seductive objects* that students may misuse, such as scientific equipment or computers. Careful planning for the access of such objects may prevent their improper use. When a student already has access to an object and is misusing it, the adult may have to remove it, which is termed *Limitation of Space & Tools*. Such a removal should be presented as an act fueled by realistic concerns and not be presented as punitive.

Permission and *Authoritative Verbot (No!)* are techniques that are mirror opposites. Sometimes, *Permission* is the most efficient way of stopping a behavior, for the student no longer receives the impetus of argument. It may also lessen the anxiety that the child feels by engaging in the behavior. *Authoritative Verbot* entails telling a student that a given behavior is not permitted. Just saying *no* may help a child save face, can relieve him/her of guilt or anxiety, and highlights status differences between youth and adults (Redl & Wineman, 1965).

Physical Restraint is a technique that should be used only by those who are trained in its use and only when the child poses an immediate danger to himself or to others. *Physical Restraint* poses a danger to the student under most conditions and must be exerted in a non-punitive manner. Used improperly, *Physical Restraint* may damage rapport between adult and child. It can be followed by a Life Space Interview or similar technique to assist in connecting the behavior to feelings, and to re-establish a caring relationship.

The idea that behavior is time-limited and will eliminate itself without intervention is best suited to *Planned Ignoring.* The adult must decide when it is important to intervene and when it is not. Sometimes, a student may try to evoke a certain response from an adult, for example, and it is usually better for the adult to ignore such a ploy.

Redl & Wineman (1962) recognize the power of *Promises and Rewards* for changing behavior but emphasize that they are dangerous. Rewards reinforce the "business deal view of life" that many troubled youngsters have and, once given, may come to be "expected" (p.228). The use is questionable because they may be granted inequitably and so may foster conflict.

Children and youth who lack inner controls may benefit from the mere presence of an adult. Redl & Wineman (1965) noted that proximity lends *ego support* to children who may need it. Non-threatening physical contact, or *Proximity & Touch Control,* may prove helpful for some when presence alone is insufficient.

Punishments and Threats are methods that require the student to view him/herself as responsible for having received the punishment, to refrain from getting angry at the

person who communicated the punishment; and to use the aggressive impulses created by the punishment in a productive manner with respect to behavior change (Redl, 1959). Redl & Wineman state that few troubled children and youth meet those requirements and argue against the use of Punishments and Threats for that reason. Punishment and Threats may also feed the self-punitive tendencies that many emotionally disturbed students present and lead to blaming adults for their problems. They note that many troubled students manipulate toward punishment which serves to reinforce their view of the world as a hostile place (Redl & Wineman, 1965).

Regrouping is a technique for avoiding conflict. It may involve removing an individual from a group, changing the composition of one or more groups, or dispersing one or more groups (Redl & Wineman, 1965). Group dynamics should be carefully analyzed rather than utilizing regrouping to promote *change for change's sake*.

Restructuring involves changing an activity when it is clear that the activity is not working or has gone wrong (Redl & Wineman, 1962). The change may be a small one (e.g., eliminating a rule that causes frustration) or a major one (e.g., abandoning an activity altogether). Adults must be careful to avoid continuing a failing activity because it has been planned or is required or re-structuring activities too frequently to inhibit all conflict (Family Life Development Center, 2001).

Adults can use a number of ways to signal the unacceptability of behavior to a student, including nonverbal techniques such as a gesture, shaking of the head, and other means of communicating disapproval (Redl, 1959). Verbal techniques include a word or two, clearing the throat, and even whistling. *Signal Interference* places the burden of

responsibility for stopping or changing his/her behavior on the student and will not work if things have escalated beyond control (Family Life Development Center, 2001).

Tension Decontamination through Humor may eliminate or reduce the severity of inappropriate behavior, cutting through tension and moving relationships back on an even keel (Redl & Wineman, 1965). Humor may be a very effective tool for the adult. In rare instances, the use of humor may cause an escalation of conflict and should be avoided. That may occur if the child misinterprets or personalizes the adult's attempt at humor or if the adult uses sarcasm or humor which demeans the child (Redl, F., and Wineman, D., 1962).

Conclusion

In summary, research indicates trends in society as well as education that require a closer look at interventions to prevent student failure and drop out as well as to teach pro-social and problem-solving skills. To promote educational opportunities, as well as to examine the impact of teaching a problem-solving model, Therapeutic Crisis Intervention appears to be a model to explore. The discussion in the literature tends to support this, but very little research has evaluated Therapeutic Crisis Intervention in its entirety within a public school. The majority of research reviews only its various components.

There are also questions regarding transferability of Therapeutic Crisis Intervention implementation from residential settings to the public school venue and from the training to the classroom. In addition, questions arise about cause and effect relationships relative to use of Therapeutic Crisis Intervention. No data were reviewed concerning time or cost benefit for teacher and staff training in Therapeutic Crisis

Intervention nor a tool to measure the efficacy of TCI implementation within the classroom.

It may be necessary to evaluate the need for Therapeutic Crisis Intervention as a diversionary and preventive program and to begin to look at the possible influence of this crisis intervention model on student success within public schools. Two essential questions that arise include (a) Does implementation of Therapeutic Crisis Intervention in a public school reduce the time out of class, and (b) Is Therapeutic Crisis Intervention a model of crisis intervention that can be consistently implemented in a public school setting?

Summary of Remaining Chapters

Chapter two provides a summary of the literature on interventions for secondary school students with emotional and behavioral difficulties, crisis theory, and crisis intervention. Chapter three describes the research question, population and sample, data collection and analysis procedures used in this study. Chapter four presents the research findings. Chapter five discusses the interpretations of the findings.

Chapter 2: Review of Literature and Current Practice

The subsequent research questions were developed as a result of reviewing the primary research within the field (a) After receiving training in Therapeutic Crisis Intervention, do teachers utilize the Life Space Interview with fidelity?, (b) Does the use of the Life Space Interview minimize student time out of class?, (c) What are teacher perceptions of the use of the Life Space Interview?, and (d) What are student perceptions of the use of the Life Space Interview? Providing appropriate support for students who experience discipline problems is not a case of *one size fits all*, but rather effectively addressing the nature of the problem and its contributing factors. The philosophical context argues that students do well if they can, as opposed to the alternative philosophy of students do well if they want to (Greene, 2008). The context of traditional school discipline, meted out in consequences, is not effective for students with challenging behaviors as it does not teach to skill deficits.

Interventions for Secondary Students

The preliminary review of the research suggests that there may be positive implications within the public school setting for teachers whose repertoire includes Therapeutic Crisis Intervention and, specifically, the Life Space Interview, including their ability for preventing disruptive classroom behaviors, reducing student time out of class for disciplinary referrals, and responding more proactively to student needs. There are also questions regarding transferability of these skills from residential settings to the public school venue and from the training to the classroom. In addition, questions arise

about cause and effect relationships relative to use of the Life Space Interview. No data was reviewed concerning time or cost effectiveness for teacher and staff training in Therapeutic Crisis Intervention.

Skinner (1989) reflects that discipline has come a long way since its original association with *disciple*. It now means punishment. To return to punitive control is to admit that we have failed to solve the central problem in education. Skinner observed that punishment is the behavior used by all organisms to try to control one another, but its application to humans invokes unintended consequences. For example, what is labeled punishment may justify the behavior of an adult who loses control and reacts with counter-aggression. *Spare the rod and spoil the child*, or the belief that if the punishment is severe enough, the student will cease the behavior, deludes adults into believing that they are acting in the best interest of the student while disguising tantrum-like behavior. The psychiatrist, Karl Menninger (1945, *The Human Mind*), noted that animals are now protected by anti-cruelty legislation, yet humans persist in punishment by the book. He likened punishment to a "barbarous scheme of revenge" in which society tries to get even with the criminal (p. 448).

Within the school setting, students who exhibit moderate to severe emotional and behavioral difficulties are often served through special education services. In British Columbia, students classified with Emotional and Behavioral Disorders (EBD) represented the largest group of students in special education (British Columbia Ministry of Education, 2006). In the United States, approximately 25-50% of students diagnosed with a learning disability (LD) may also display social/emotional disorders (Rock, Fessler, and Church, 1997). Longitudinal research (McKinney, 1989) indicates that

elementary students classified with a learning disability or emotional disability demonstrate increased maladaptive behavior as well as decreased academic success over time. Traditional school approaches to oppositional and aggressive behavior includes short and long-term suspension (Hymel and Henderson, 2006). Priority is given to maintaining the safety of the larger student population. Research indicates that such reactive response rarely produce lasting or meaningful changes in student behavior and can increase negative effects on students such as increased risk for school drop-out (Ekstrom, Goertz, Pollack, and Rock, 1986). While suspension may address the symptoms, it does not address the causes of behavior for students who act with opposition and aggression (Kearney and Albano, 2004).

Some schools have shifted from a reactive, consequence-based approach to a proactive approach containing strong antecedent-based components designed to clarify expectations and teach expectations to all students, providing students opportunities for practice and reinforcement (Horner & Sugai, 2000; Lane, Robertson & Graham-Bailey, 2006). The shift occurs within a three-tiered, data-driven model composed of primary, secondary, and tertiary levels of prevention and support, termed Responsiveness to Intervention (RtI). The model provides a systematic approach to pre-referral for special education services and the prevention of the development of new behavioral problems. Lane, Wehby, Robertson, and Rogers (2001) examined the accuracy of teacher nominations in identifying high school students with externalizing, internalizing, co-morbid, and typical behavior patterns as well as students receiving special education services for high-incidence disabilities. The level of treatment fidelity and the degree to which different types of students responded to the school-wide positive behavior support

model (SW-PBS) were also examined. Results of the study suggest that despite receiving equal access to the reinforcement component, there were subtle differences in how groups of high school students responded to the SW-PBS plan. Students with internalizing behavior patterns were found to be most responsive, with the students with co-morbid concerns the least responsive. Future research was recommended to determine generalizability of the outcomes.

A meta-analysis on the effects of school-based intervention programs on aggressive behavior (Wilson, Lipsey, & Derzon, 2003) was supported by the National Institute of Mental Health Grant and by the Office of Juvenile Justice and Delinquency Prevention Grant. Students were selected on the basis of detailed criteria involving a school-based program for students attending pre-school through 12th grade and assessed intervention effects for an outcome variable representing a broad definition of aggressive behavior, including fighting, bullying, behavior problems, person crimes, and acting out. The study used research designs that included an experimental or quasi-experimental design that compared subject groups receiving at least one identified intervention that presented both pre-test and post-test measures or a pre-post test design, which was taken before and after the intervention on the same subjects. The behavioral outcomes focused on changes in behavior exclusive of changes in attitudes, skills, or intentions. Any study that assessed the effects of a school-based intervention on aggressive behavior was judged relevant to the question of effectiveness of the school programs for reducing aggressive behavior. The retrieval and coding process yielded data from 221 studies, which were described in 362 written reports. More than 90% of the studies were conducted in the United States. The school-based intervention approaches included (a) social competence training with

no cognitive-behavioral component; (b) social competence training with cognitive-behavioral component; (c) behavioral and classroom management techniques; (d) therapy or counseling; (e) separate, smaller classroom settings for all or part of regular instruction; (f) peer mediation; (g) academic intervention services; and (h) multi-modal, including at least three of the components.

The interval between pre and post-test ranged from less than six weeks to more than one year, with the median of approximately 17 weeks. The large body of research on the effectiveness of school-based programs reveals that those programs have minimal effect on the aggressive behavior targeted. Levels of aggressive behavior showed little change for students in untreated control groups. The effect of successful interventions was to reduce the level of aggressive behavior from unabated increase. The pattern indicated that the role of school-based programs is not to prevent potential increases in aggressive behavior so much as it is to reduce the levels that are currently occurring. Not all intervention programs were equally successful in reducing aggressive behavior, with behavioral approaches and counseling showing the largest effects. Social competence training with and without cognitive behavioral components followed. Multi-modal and peer mediation programs showed the smallest effects (Wilson, Lipsey & Derzon, 2003).

Residential services have been a prevalent intervention for youthful offenders (Ryan & Davis, 2001). The diversion of students into these environments raises the question of factors related to success following intervention. Psychiatric residential treatment for adolescents designates parental functions to the staff, such as the control of privileges, status, and management. Long-term residential treatment proceeds slowly through a re-parenting and de-parenting process, which allows the patient to re-establish

early relationships or correct early interpersonal functioning. A 2008 study (Rau & Blaier, 2008) explored the work with youth with chronic irritability and severe mood dysregulation to determine whether these students, but not students with behavioral disorders, would be impaired on a decision-making task that has identified reward and punishment processing deficits in individuals with psychotherapy. In the decision-making task, the youth with behavioral disorders and the youth with mood dysregulation (control group) were asked to choose between two images associated with different levels of reward or punishment. The results noted no between-group differences in task performance, suggesting that students with behavioral disorders or mood dysregulation do not differ in their ability to select rewards or punishment of different values (Rau & Blaier, 2008).

A study involving 397 adjudicated juvenile delinquents from a residential treatment facility in Michigan used longitudinal data to identify factors associated with adult imprisonment following long-term residential care approximately five years after residential release. Logistic regression and survival models were developed to examine the effectiveness of re-integration services. The services include intensive in-home counseling, relapse prevention, academic tutoring, and job skills training and placement. The residential programs within this study were staff secure, with service coordination by graduate-level social workers. The study evaluated the efforts to transition students from the residential facility to community life. The most common committing offenses included assault, breaking and entering, using a controlled substance, possessing weapons, and robbery. Overall, 28% of the youth released from residential care were incarcerated as adults. The strongest relationship emerged between the utilization of the

continuum of care model and adult imprisonment, with the youth who successfully completed treatment goals and objectives found to be less likely to be incarcerated as adults.

Greenwood, P., Model, K., Rydell, C., & Chiesa, J. (1996) analyzed the benefits and costs of strategies for the prevention of serious crime comparing parent training, prenatal/infancy home visits, programs for the supervision of adolescents termed *delinquent*, and California's Three Strikes Program. Although promising intervention models for the treatment of students with serious conduct problems, the study concluded that no studies systematically examined the contribution that age makes to positive outcome. Multiple regression analysis showed that assignment to group care or to multi dimensional foster care predicted official and self-reported criminal activity for chronic juvenile offenders in terms of their impact on criminal in offending incarceration rates (Chamberlain & Reid, 1998).

Therapeutic Crisis Intervention

Proactive interventions are necessary to divert disciplinary actions for students with emotional difficulties and learning disabilities. The breakdown of behavioral controls of children has increased, whether noted in the special education setting, the general education setting, or public venues. State legislation guidelines suggest that resources are exhausted prior to penalizing students with disabilities for overt behavioral concerns. Teachers in the public school setting continue to struggle with students' impulsivity, lack of social and communication skills, and potentially aggressive behavior, and the teachers have difficulty maintaining these students within the general education setting (Forthun, McComvie, & Freado, 2006).

There are several arguments for the implementation of a proactive crisis intervention program. One argument is based on the prevalent behavior and can be supported by Therapeutic Crisis Intervention and, more specifically, using the Life Space Interview, which is a tool imbedded within Therapeutic Crisis Intervention (Nunno, Holden, & Leidy, 2003). Traditional adolescent patterns for antisocial behavior in general have been categorized into four types: situational, relationship, predatory, and psychopathological (Guerra & Tolan, 1998). Situational behavior is inappropriate behavior escalated by a specific situation (e.g., stress or transitions in routine environments or expectations). Relationship behavior arises from arguments between people with ongoing relationships (e.g., friends and family). Predatory behavior is intentionally planned and acted upon. Finally, the psychopathological behavior addresses extreme acts and is usually related to neuropathology (Guerra & Tolan).

Of these patterns, relationships have the greatest impact on adolescent antisocial behavior, and its basis lies in both social and individual characteristics (Green, 2008; Guerra & Tolan, 1998). This type of behavior seems to lend itself best to crisis intervention. With the research demonstrating relationships as the core to most youth antisocial behavior, the next step is to look at interventions that address the specific area of relationship. Guerra and Tolan (1998) initiated an empirical view on reducing adolescent violence through intervention. Various interventions were evaluated for their effectiveness. It was determined that psychotherapy, intensive case work, and group counseling did not decrease antisocial and violent behavior (Guerra & Tolan, 1998). Behavior modification, peer mediation, and gang diversion programs were found to require more study due to insignificant gains. Finally, interventions such as problem

solving, perspective taking, building family relationships, structured interaction, and encouraging student motivation were found to demonstrate long-term positive effects on adolescent violent and antisocial behavior. These interventions are all components of the Life Space Interview.

As inclusion focuses our efforts on access to the least restrictive environment for students with disabilities, so the No Child Left Behind Act focuses efforts on the academic success of children who struggle. It was often found that teachers' reactions to inappropriate behavior were negative and engaged students in a power struggle with no way out (Freado & Wille, 2007). Through awareness of each other's position, the teacher's non-threatening approach tends to increase the likelihood of student success, thereby creating a more positive relationship in return (D'Oosterlinck & Broekaert, 2006).

A study explored the effects of the Life Space Interview on academic and social behavior of eight students in residential placement (DeMagistris & Imber, 1980). The experimental intervention of the Life Space Interview was conducted on six of the eight students, with two students serving as the control group. The results supported the use of the interview in decreasing students' target behaviors, with interviews conducted in the classroom or adjacent area. All subjects were involved in a minimum of one interview per week. If the subject did not indicate a desire to engage in the interview, it was terminated. Decrease in maladaptive behavior ranged from 31 to 72 %.

Following a number of physical injuries and even death resulting from physical interventions, many residential organizations have initiated practices that drastically reduce the need for high-risk interventions, including physical restraint and seclusion

(Holden, 2008). The use of physical restraint, while still implemented in training in TCI, is under focused research and review as a controversial intervention. Although reasons for restraint include promoting safety, containment, and preventing harm to self or others, and restraint has been slated as a therapeutic component of care, there is no empirical evidence to support the therapeutic use of physical restraints (Day, 2008). Questions that are currently being explored include (a) Does physical restraint keep children and staff safe?. (b) Is physical restraint therapeutic?, and (c) What ethical issues are associated with physical restraint?

In preliminary work with the topic of *Therapeutic Crisis Intervention*, this candidate connects experience within the field of special education and the data of non-graduates who cannot navigate or problem solve within the educational system. The ability to improve educational practice to increase graduation success for students is a key question evolving from New York State data (www.nysed.vesid.gov) as well as continuing to explore opportunities for students to successfully attend their home schools rather than more restrictive environments outside of their home district.

Before proceeding, imagine a student who is in crisis in a classroom. The student may be upset, refusing to work, putting his/her head down, yelling, or swearing. The student may even begin to agitate others, storm out of the classroom, or escalate to physical aggression or violence. Budlong (1993) defines crisis as “a sudden change in the equilibrium or balance of the individual or in the order of the social system, i.e., the group” (p. 15). A student in crisis may have run out of or never learned effective coping mechanisms or constructive ways to deal with internal or interpersonal conflicts or

difficulties. As the tension and anxiety levels increase, the student becomes less able to find a solution. This leads to feelings of helplessness and emotional upset.

The traditional focus of crisis is related to individual or environmental deficits. However, crisis intervention literature has recognized the opportunity inherent in crisis (Green, 2001). The Chinese translation of the word *crisis* consists of two separate characters, one meaning *danger*, and one meaning *opportunity* (Budlong, Holden, & Mooney, 2001). Crisis affords an opportunity when people are most open to learning and are ready to accept help (Tompkins-McGill, 1993). A person may experience personal growth if the crisis situation is handled effectively (Green, 2001). A 1996 study by Fagan indicated that persons who have adjusted after long periods of crisis, as opposed to those who have been unable to adjust, differ less in the amount of stress experienced than in the effectiveness of learning alternative means of coping with stress.

Although adults do not necessarily have control over students' behavior, they do have control over how they choose to respond to a given behavior (Beck, 2007). Approaching a student in an authoritative manner, demanding obedience and control, while at the same time being unresponsive to the student's emotional needs, can provoke negative consequences. The student may feel intimidated, feel threatened, or escalate behavior, which can also increase the risk of injury. Hewitt (2000) reported an interview with teachers who had been assaulted by students. In each case, the incidents occurred after periods of interaction between the teacher and the student. One teacher admitted to encroaching on the student's personal space and swearing at the student, justifying the actions with "The only way the girl would understand was if she was spoken to at her own level" (p. 99). An authoritative, sarcastic, or negative affect can escalate a crisis

situation, will minimize the student's feelings of safety, and will adversely impact the student's ability to utilize the opportunity to learn (Budlong, et. al., 1993; Long & Morse, 1996; Redl, 1952).

Studies indicated that the use of a crisis intervention model may lower the reports of escalated student behavior as well as lower rates of maltreatment and, therefore, lower the potential injuries to students (Miller, Walker, and Freidman, 1989; Titus, 1989). A review of the literature has not uncovered any empirical evaluation designed to evaluate the effectiveness of a specific crisis intervention methodology, although some qualitative studies exist (Bell & Mollison, 1995; Titus, 1989). Although there is lack of empirical data to support specific crisis intervention models, it is possible given literature on anger management, positive behavior intervention, and problem solving, that training teachers in the public school setting in approved crisis intervention strategies is essential, especially in order to empower the teacher in responding to the students' developmental and emotional needs. Specifically, what is the effect of teachers trained in Therapeutic Crisis Intervention?

Crisis Theory

Crisis theory finds its roots in the work of Freud and others in the field of psychology who define personality development as the individual's struggle with life's circumstances and events (Golan, 1996). Crisis theory has impacted psychiatry, psychology, social work, and residential child care and is frequently used as the theoretical basis for individual, family, and community interventions (Caplan, 2003). Crisis theory defines life's stages as hazards due to either maturational (developmental and anticipated) or situational (unanticipated or accidental) events. Maturational events

include developmental milestones, such as teething, toileting, puberty, pregnancy, and menopause, while situational events include accidents, death, and divorce. In effect, these events upset an individual's equilibrium or baseline behavior and can either help or hinder growth depending upon the individual's coping mechanisms, and developmental maturity.

Hill (1965) outlined four component parts to the adjustment of individuals facing crisis, which include crisis, disorganization, recovery, and reorganization. Within this framework, an ordinary or accidental event in life can be perceived as a crisis by an individual. The perception of the event as a crisis occurs when the event conflicts with the individual's desires, values, or needs. The typical coping skills of the individual are stretched beyond normal limits, or the individual has never learned coping mechanisms to deal with the ensuing stress. A period of disorganization occurs, which can last for four to six weeks.

The recovery process begins when the individual finds new coping mechanisms or resources and begins to re-build internal strength. The recovery and the reorganization of the individual's resources may depend on individual strengths, family and friend support, or support within the community. Within the reorganization, an individual may learn new ways of coping. Crisis theory also considers that the crisis process may leave the individual more vulnerable if these resources are not present or sufficient.

Crisis Assessment and Intervention

To assess a crisis situation, an adult must determine the nature and the extent of the crisis from the perception of the student or individual. Golan (1996) states that the meaning of the hazard to the individual, the vulnerable state, and precipitating event that

set off the crisis, the depth of the active crisis, and the capacity for re-integration into the life event must be assessed. The intervention within this model is based on a planned therapeutic action that interrupts the series of events and leads to larger disruption of normal individual functioning (Payne, 2001). The initial level of intervention tends to the distress symptoms and to mobilize the individual to the previous level of functioning or improved functioning. The second level of intervention is more complex and makes connections between present and past crises and conflict in order to broaden ways of thinking of crisis as well as to introduce new ways of coping. Crisis intervention provides practical tools to help the individual with coping and re-adjustment. The emotional response to the crisis gives way to more long-term change and capacity building to manage future crisis (Payne, 2001).

Brendtro (1998) utilized crisis theory in development of the residential child care model. Crisis theory has been adapted with the stress model of crisis described by Wood and Long (1991). Unless the conflict cycle is broken, it continues to increase in conflict and intensity. The conflict cycle provides four possible points of intervention: modifying the stress level for the individual, alleviating the stressful feelings; changing the individual's behavior, and changing the behavior of others. Research indicates that individuals can cope with high levels of stress, but when the stress increases beyond the intellectual, emotional, or developmental capacity, the ability to cope is interrupted (Garbarino, 1995). The perception of crisis events is often based not only on the circumstances of the events themselves, but on the impact of the events on life and on self-perception. These perceptions can trigger feelings of rejection, anger, and despair and can become antecedents for behavior that either enhances growth or becomes self-

limiting. Intervention that recognizes and considers these feelings is essential to breaking the conflict cycle (Wood & Long, 1974).

The conflict cycle interprets a student's behavior as an indication of self-protection and of defense. Changing the behavior within the conflict cycle is connected to examination of the defense mechanisms used to protect the individual from the anxiety produced by the stressful event. The use of defense mechanisms can be necessary for adaptation within a hostile or perceived negative environment but can also be employed too frequently and can prevent growth for the individual. These defense mechanisms are grouped into the categories of denial, escape, and substitution. Crisis intervention supports the constructive use of these defenses for positive growth and re-shaping the defenses when they are obstructive.

Negative and aggressive student behavior can trigger counter-aggressive behavior on the part of other students or in the adults. This counter-aggression serves to fuel the crisis cycle and increasingly spiral with anger and negative behavior. For students for whom this is a pattern, counter-aggression from adults in their lives becomes the normal and predictable response, fueling the notion of the environment as hostile and uncaring. This pattern can become a self-fulfilling prophecy and is difficult for an adult to break without skills that encompass objectivity and self-control. The intervention requires adults and the environment to supply emotional support, hope that things will get better, an active and trusting relationship, and responsibility for conducting ethical behavior (Long & Fecser, 2008).

Successful crisis intervention strategies are collaborative and problem solving and can be used to improve the quality of the student/adult relationship. One methodology

that combines cognitive and behavioral approaches to crisis intervention is Therapeutic Crisis Intervention, which was developed through Cornell University Family Systems. Therapeutic Crisis Intervention (TCI) is organized around all aspects of crisis intervention, including prevention, de-escalation, and management of crisis. It was originally developed for residential child care facilities personnel to assist children with emotional and behavioral deficits to learn developmentally appropriate and constructive skills to deal with feelings of anger, frustration, failure, and pain. Essential aspects of Therapeutic Crisis Intervention include self-awareness, the use of the prevention and de-escalation techniques, and the use of the Life Space Interview, which is a therapeutic verbal tool between the child and the residential child care worker following a crisis or a physical restraint. The TCI curriculum teaches self-awareness, utilizing crisis as an opportunity, and prevention and de-escalation techniques, many of which have positive implications for the public school classroom.

In Therapeutic Crisis Intervention, the stress model of crisis is used, including the phases of triggering, escalation, crisis, and recovery (Budlong, 1991). The student and adult engage in all four phases, with the successful resolution of the event as the goal. The Life Space Interview is essential to assist students in gaining insight and awareness of the connection between feelings and behavior and of escalation and resolution. Participants in Therapeutic Crisis Intervention training gain insight and awareness of the impact on personal bias, attitude, and communication style on students in crisis. The Therapeutic Crisis Intervention model uses practical tasks to help students increase proactive readjustment of feelings and behavior, with the long-term goal of modifying the

emotional response to crisis, and increasing the capacity to manage problems and feelings.

Conclusion

Reactive responses, including short and long-term suspension, typically address the symptoms of behavior, not the causes. Students who display increased frustration, opposition, or aggression in school are expressing their need for help. Teacher actions and responses to a student's behavior can strongly shape and influence the situation at hand, as well as long-term behavior and growth. The intervention of the adult while a child is in crisis is critical in helping that child learn constructive and adaptive ways to deal with negative feelings and situations. With the appropriate model of intervention, crisis can be an opportunity for students and adults to learn and grow.

Chapter 3: Research Design

Research has shown proactive interventions are necessary to divert disciplinary actions for students with emotional difficulties and learning disabilities. The breakdown of behavioral controls of children has increased, whether noted in the special education setting, the general education setting, or public venues. State legislation guidelines suggest that resources are exhausted prior to penalizing students with disabilities for overt behavioral concerns. Teachers in the public school setting continue to struggle with students' impulsivity, lack of social and communication skills, and potentially aggressive behavior and have difficulty maintaining these students within the general education setting (Forthun, McComvie, & Freado, 2006)

Data indicates that a small subgroup of students may be lacking problem-solving skills that impact increased time out of class, time in the discipline cycle, and time on suspension (www.emsc.nysed.gov/vadir; www.emsc.nysed.gov/irts/reportcard). These students are at risk of making the same mistakes in their decisions. If they do not learn a problem-solving model, they can continue to be involved in power struggles with adults. For some students, there are factors outside of school that may influence these social/emotional skill deficits, such as unstructured/unsupervised time, fluctuation of routine, lack of having their basic needs met, psychiatric needs, drug and alcohol involvement, gang influence, or family crisis (Marsee, Weems, & Taylor, 2008; Office of Mental Health, 2007; Putnam, 1995). Teachers faced with students with increasing

difficulty with problem solving can enter into power struggles and escalate the situation (Guerra & Tolan, 1998; Howard, 2007).

This action research study will explore the impact of TCI in the public school setting. The study is structured as a collaborative activity among colleagues within the public school to explore the possible solution of utilizing the Life Space Interview to address students' social/emotional skill deficits and to increase real-life problem-solving skills. In addition, the research will explore the Life Space Interview in the context of preventing the conflict cycle between teachers and students, and gauge the impact on reducing student time out of class.

Research Context

DeMagistris and Imber implemented a study in 2000 to explore the effects of Fritz Redl's Life Space Interview on academic and social behavior of adolescents who were classified Emotionally and/or Behaviorally Disturbed (EBD) and were placed in a residential facility. Baseline data was collected for eight students with maladaptive target behaviors as well as academic performance in reading and math. Two students of the eight were used as a control measure. The results of the study supported the use of the Life Space Interview technique, with 33% decrease in maladaptive behavior during the first ten days. Latter intervention indicated an even more substantial decrease (approximately 67%) in maladaptive behavior. It was noted that having a discussion with subjects regarding their behavior was not likely to have the same positive effect as the use of the Life Space Intervention as used in the study.

Researchers noted distinctions between typical discussions with the young person and the use of the Life Space Interview. One distinction was that experience with typical

discussions may not provide the opportunity for students to share their perception of a specific incident and may be made to feel criticized. In addition, discussions tended to occur more frequently within the context of the classroom and not privately as required in the Life Space Interview. The discussions that were typical did not assist students in linking their behavior to their underlying feeling or effects on the group. Some discussions resulted in a conflict or *stand-off* between the young person and the teacher. Implications, in particular, were noted regarding the "potential usefulness of the technique in a public school setting" (DeMagistris & Imber). Limitations of the study included the factor of reliability, as no independent observers were utilized, and the experience of the teacher, who had instructed the subjects for at least one year prior to the study.

In 2003, an experimental and a control school were chosen in a large city to report the effects of Life Space Interview training with staff at the junior high level. The schools each served over 40 students who had similar backgrounds. A quasi-experimental design was used, selecting the experimental group by a coin toss. The educational staff of both programs were also evaluated and found to be similar in regard to education, teaching experience, ethnicity, and racial backgrounds. The condition of matched settings and staff was accepted. Data were gathered to compare specific outcomes related to the use of the Life Space Interview. Frequency of crises decreased in the school where staff was trained in Life Space Crisis Intervention, while it increased significantly in the control school. In addition, an increase in attendance and a decrease in detentions were noted at the Life Space Crisis Intervention school. Finally, the staff who had been trained in Life Space Crisis Intervention reported increase confidence in their abilities to support student crises.

In 2008, a suburban school district in Western New York discovered the crisis intervention training currently utilized within the district was no longer recommended for public school use. The model (*Strategies for Crisis Intervention and Prevention-Revised*, or *SCIP-R*) was used to support students with social/emotional and developmental needs as well as students whose Individual Behavior Support Plans included the use of physical interventions. The intervention training was owned by the Office of Mental Retardation and Developmental Disabilities (OMRDD) and was not sanctioned for use outside of OMRDD facilities or OMRDD programs. The district explored alternative models with the New York State Education Department, the OMRDD, and the New York State Office of Mental Health (OMH). The model of Therapeutic Crisis Intervention was recommended to immediately support staff working with students with the intensive Individual Behavior Support Plans including physical intervention. The district is now in the process of implementing the training (i.e., Therapeutic Crisis Intervention) as a preventive tool to decrease the need for higher-level interventions at a broader level. In addition, the district is now supporting several self-contained classrooms for students who were previously served in more restrictive settings, such as residential treatment facilities and day treatment facilities as well as private and special school settings.

Description of Setting/Population

The study took place in a suburban comprehensive 9-12 high school of approximately 1400 students located in western New York in a town of 5100 residents. Student ethnicity information includes White (86%), Black (8%), Hispanic (4%), and Asian (2%), and the district serves a total of 3900 students. Per-pupil expenditure is

$13,979 per pupil, with a free and reduced lunch population of 11%. The four-year graduation rate for students with disabilities was 58%, with 70% of those students earning a Regents diploma. The five-year graduation rate for students with disabilities climbs to 83%, and the drop-out rate for students with disabilities was 3%.

The focus of the setting for the study was the high school 8:1:1 program consisting of three separate small classrooms. Each classroom had no more than eight students, with one teacher and one teaching assistant to provide a higher adult-to-student ratio. The students within these classroom settings were classified through the Committee on Special Education (CSE) and range in disability from emotionally disturbed (ED) and learning disabled (LD) to Other Health Impaired (OHI). Student placement in these classrooms occurred when students evidenced long-term difficulties within the general education setting, even when provided full-time special education push-in support (e.g., the 12:1:1 co-taught setting, which provided a group of no more than 12 students with disabilities the support of a full-time special education teacher and a full-time teaching assistant, all of whom were co-taught within the general education classroom with a general education teacher and non-disabled peers). There were a total of 19 students in all three classrooms combined, with 16 males and 3 females. All students were working toward credits to obtain a New York State Regents diploma.

Research Participants

The two female teachers and one male teacher in the high school 8:1:1program were all dually certified in special education and a major content area. All were tenured teaching staff and were considered *highly qualified* under the No Child Left Behind Act in regard to their certification to teach the specific subjects and the students for whom

they were responsible. Each special education teacher was supported with a full-time teaching assistant, with an additional assistant who served in a floating model between all three classrooms and supported students as needed.

The male teacher (*Ryan*) had 20 years of experience in education following his career in the military. He worked at a residential treatment facility for students adjudicated by the courts, while simultaneously pursuing his certification in special education, secondary English, and secondary mathematics. He taught at a small day treatment facility for seven years, serving students in a 6:1:1 classroom setting. The day treatment facility has a total of 24 students in grades 9-12, and all are classified by their home district CSE's as students with an emotional disability (ED). Ryan's work in the high school 8:1:1 classroom was his first experience in a public school setting.

The second teacher (*Barbara*) had ten years of experience in education. She worked as a special education and science teacher in grades 9-12 at a residential treatment facility campus school, with approximately100 students. She, too, supported students who were classified with an emotional disability and were served within a self-contained 6:1:1 classroom. The campus provided 24-hour-a-day support and supervision of students, even walking them to the campus school from their residential *cottage* on the same campus. Barbara's work in the high school 8:1:1 classroom was her first experience in a public school setting.

The third teacher (*Annette*) had five years of teaching experience. She began her career in Florida teaching in a high school life-skills program and was certified in special education and Social Studies. When she returned to her home state of New York, she served as a long-term substitute in special education, supporting students in a blended

12:1:1 classroom at the 6th-grade level. Following the long-term substitute position, Violet accepted a position in the high school 8:1:1 program.

Though each teacher brought unique background and experiences, age, and personality, they shared common characteristics. All were certified in special education as well as at least one core content area. All were considered highly qualified under the No Child Left Behind Act. All voiced a belief in students who had not succeeded in other supportive settings and were committed to assisting these students by setting up opportunities for academic as well as social/emotional growth. All three were willing to attend training in Therapeutic Crisis Intervention and to implement the Life Space Interview with students in their classrooms. All were Caucasian, and all were married with children. The average career length of the teachers working within the 8:1:1 program was 11.6 years, as indicated by Table 3.1.

Table 3.1

Summary of Teachers Participating in Study

Teacher	Gender/ ethnicity	Certification	NCLB status	Years teaching public school	Total years teaching
Ryan	Male Caucasian	SPED/ English/Math	Highly Qualified	5	20
Barbara	Female Caucasian	SPED/ Science	Highly Qualified	3	10
Annette	Female Caucasian	SPED/ Social Studies	Highly Qualified	3	5

Research Design

As a mixed-methods study, the research focuses on matching participants utilizing an experimental group of three identified teachers in three separate 8:1:1 classrooms (a ratio of no more than eight students, a full-time special education teacher, and a full-time teaching assistant). These teachers worked in a special education program within a general suburban high school of approximately 1400 students. Inclusion criteria for these participants specified that they held tenured teaching positions within the district, they were dually certified in Special Education and at least one core curriculum area, they were working within an 8:1:1 classroom setting with students who were earning a New York State Regents or local diploma, and they were teachers who were considered *highly qualified* under the No Child Left Behind Act.

The exclusion criteria specifies they were not general education teachers in a regular classroom setting; the study will not focus on their work with students who were new entrants to the district or program and were, therefore, in the program on a trial basis, as those students cannot be considered fully in the program. Independent variables included the implementation of four-day Therapeutic Crisis Intervention training for the three participant teachers. Therapeutic Crisis Intervention Training is detailed in Chapter One. The dependent variable includes the use of the Life Space Interview (a tool within the Therapeutic Crisis Intervention training) with students who have escalated in behavior to require removal from the classroom activity, removal to detention, or removal for in-school or out-of-school suspension. The Life Space Interview is referenced in detail in Chapter One. If teachers receive the training, they will utilize the interview, reducing these negative outcomes.

Instrumentation

Instrumentation was identified as a rubric scale set to measure the implications of the use of the Life Space Interview. The measures included teacher audiotape of the actual Life Space Interview conducted with a student who was escalating to require removal from the classroom, or entering the crisis stage. Data was then compared in regard to teacher interaction with students prior to the Therapeutic Crisis Intervention training, and afterward for a ten-week period during the 2009-2010 school year.

The Life Space Interview was conducted by a staff-person facilitating the following steps in specific order and following through to completion. The acronym *I-ESCAPE* is used to designate that a student who is escalating or in crisis may try to

escape or avoid dealing with the issue or consequences of actions, as illustrated in Table 3.2.

Table 3.2

Steps of the Life Space Interview

Letter	Step
I	Isolate the conversation
E	Explore student's point of view
S	Summarize the feeling and content
C	Connect behavior to feelings
A	Alternative behaviors discussed
P	Plan developed/Practice new behavior
E	Enter student back into the routine

Note: (Reprinted with permission from Cornell Family Systems, 2001)

In addition, individual interviews were conducted with both teachers and students following the ten-week implementation period of the Life Space Interview. The interviews were focused on exploring teacher perception of the use of the Life Space Interview and student perception of the use of the Life Space Interview. Interviews were coded for common themes and potential implications and recommendations.

Data Collection

After receiving approval from the West Irondequoit Superintendent, the West Irondequoit Central School District Board of Education, the Dissertation Committee, and the St. John Fisher College IRB, approval letters were sent to the potential participant teachers and their primary supervisor regarding the purpose of the study, the right of

refusal, and contact information. To carry out the research design, several specific procedures were utilized including the recording processes of the Life Space Interview. Baseline data was gathered individually for each teacher and their interactions with students requiring removal from the classroom for problem solving or crisis management for the 2009-2010 school year. Incidents resulting in in-school or out-of-school suspension, tardiness, and unexcused absence were contained in the baseline data. In addition, student credit acquisition was monitored on a quarterly basis and at the end of the year for transcript updating and course selection.

Each of the three teachers and the three classroom teaching assistants, the floating teaching assistant, and the district tutor were provided staff development of four full days in Therapeutic Crisis Intervention, and all successfully completed the certification process and examination, including physical intervention techniques. The teachers received a request to participate in ongoing data and research in order to observe their practices with students in their classrooms, especially during incidents of conflict or student escalation, which required use of the tool, the Life Space Interview.

Procedure

The Life Space Interview was analyzed on a *yes or no* basis for each step. Each of the responses was assigned a numerical value, with the higher score being more positive. An alternative response of *mostly yes* or *mostly no* was offered. To create a score for each domain, the respondent completed at least 80% of the seven categories with either a Likert or a dichotomous response. When the condition of a missing response existed, an average score for all other items completed was recorded. A domain score was be calculated for each of the seven categories of the Life Space Interview, including *Isolate,*

Explore, Summarize, Connect, Alternative Plans, Practice, and Enter. The domain score equals the total item scores divided by the number of responses in the category.

Analysis

The analysis consisted of descriptive statistics that summarized the facilitating teacher's use of the Life Space Interview compared with reduction of discipline incidents for that student. Each domain was summarized utilizing the mean, by graphing the scores on a box plot, and by determining whether normal distribution of scores occurs. Data was explored for correlation between variables.

The teacher and student interviews were analyzed for responses to each question. Responses were coded and were analyzed for thematic representation from both the teacher group and the student group.

Implications

The impact of the model of Therapeutic Crisis Intervention on teacher skill and student benefit was explored in order to assess Therapeutic Crisis Intervention as a diversionary and preventive program and to begin to look at the possible influence of this crisis intervention model on student success within public schools.

The research attempted to target gaps in staff development and crisis intervention skills; increased opportunity to address individual student needs when students are escalating in frustration or entering crisis; increased student time on task/reduction of time out of classroom as teachers may more adeptly meet their emotional needs without extending loss of instructional time; decreased student disciplinary referrals as teacher may more adeptly meet students' emotional needs without office or discipline referrals which result in time out of class, in-school detention, in or out-of-school suspension;

increased student ability to implement problem-solving skills at an independent level; increased student ability to manage frustration tolerance without involvement in the discipline cycle; creating problem solving that supports graduation outcomes within four years; reduction of recidivism; reduction of students requiring out-of-district placements.

Conclusion

Some students in public school systems eventually run out of or have never learned effective problem-solving strategies to deal with stress and frustration. As a result, they can escalate classroom behaviors and enter a crisis stage, often requiring removal from the classroom and subsequent discipline referrals. Typical consequences such as removal from class and in-school and out-of-school suspensions do not always effectively stop repetitive behaviors. Alternatives such as the use of the Life Space Interview, which is a tool in Therapeutic Crisis Intervention, should result in an increased repertoire of the public school teacher to minimize student behaviors. Ongoing use of the Life Space Interview may not only decrease student escalation of behaviors but may also result in increased problem-solving skills for the student. The researcher's plan was to measure the impact of using the Life Space Interview for a ten- week period, comparing data of teachers prior to the use during and after the use. A descriptive correlational design was applied with a tool to observe the use of the Life Space Interview. Data collected provided information on the domains of the Life Space Interview, including Isolate the conversation, Explore student's point of view, Summarize feelings and content, Connect behavior to feelings, Plan developed/practice new behavior, and Enter into routine.

Chapter 4: Results

Research Questions

In 2007, a suburban district in Western New York began a journey to totally reconfigure the support for students with emotional and behavioral difficulties. The district explored several interventions, including an approach called Therapeutic Crisis Intervention (TCI) and a specific tool within TCI called the Life Space Interview. Following student escalation or a crisis event, the Life Space Interview was used by teachers to assist students in de-escalation, to connect feelings to behaviors, and to plan a successful re-entry back into routine. No extant research demonstrated public school teacher fidelity in implementing the Life Space Interview or teacher and student perceptions of the experience. The purpose of this study was to examine specific outcomes for a group of at-risk students whose teachers were trained in Therapeutic Crisis Intervention and who implemented the Life Space Interview.

Out of the 15 students who agreed to participate in the study, 14 displayed behavior that resulted in at least one Life Space Interview in a period of ten weeks. For all 15 students, significant reductions were noted in their number of in-school suspensions, out-of-school suspensions, incidents of tardiness, and unexcused absence during the implementation period. All three of the participating teachers noted increased time in class and decreased discipline. The teachers followed the Life Space Intervention protocol with fidelity with each administration. Both teachers and students perceived the interview as a positive and helpful tool.

The chapter is organized around four specific research questions posed in Chapter 1. The questions are:

1. After receiving training in Therapeutic Crisis Intervention, do teachers utilize the Life Space Interview with fidelity?
2. Does the use of the Life Space Interview minimize students' time out of class?
3. How do teachers perceive the effectiveness of the Life Space Interview?
4. How do students perceive the effectiveness of the Life Space Interview?

Fifteen students in 8:1:1 special education classrooms in a Western New York high school participated in the study. Three other students were excluded: one student was participating in a more supportive day treatment program, one graduated early, and one was engaged in an after-school incident resulting in long-term suspension. One student and his primary guardian declined participation. The remaining 15 students attended the program and completed the study in the ten-week timeframe. The three teachers assigned to 8:1:1 classrooms in the high school participated in the study.

In these particular 8:1:1 classrooms, the students were comprised of 11 males (75%) and 4 females (25%). The students have a history of behaviors such as shutting down from completing tasks, refusal of direction, verbal disruption, truancy and unexcused absence, as well as occasional outbursts and threats. Each of the students was classified by the Committee on Special Education (CSE) as a student with a disability, with seven students classified as Emotionally Disturbed (ED), five classified as Other Health Impaired (OHI), and three classified as Learning Disabled (LD). Each student received support of a classroom structured for no more than eight students, one special education teacher, and one teaching assistant. Two females (66.6%) and one male (33.3%) teacher participated in the study. All were tenured, full-time teachers with New York State certification in special education.

Teacher Fidelity to the LSI Format

To answer Question 1, the Life Space Interviews in the study were completed between May 1, 2010 and June 25, 2010. Teachers in the study received training in the Life Space Interview as part of the Therapeutic Crisis Intervention certification during the fall of the 2009-2010 school year. Following student incident, escalation, or a crisis event, the Life Space Interview tool was to be used by teachers with students to assist the student in de-escalation, to connect feelings to behaviors, and to plan a successful re-entry back into routine. Teachers were to follow these steps to effectively complete a Life Space Interview, as illustrated in Table 4.1.

Table 4.1

The Life Space Interview

Letter	Step
I	Isolate the conversation
E	Explore student's point of view
S	Summarize the feeling and content
C	Connect behavior to feelings
A	Alternative behaviors discussed
P	Plan developed/Practice new behavior
E	Enter student back into the routine

Note: (Reprinted with permission from the Family Life Development Center, 2001)

During the ten weeks of the study, 40 Life Space Interviews were completed and recorded using audiotape and analyzed afterward using a Life Space Interview Checklist. The length of the interviews ranged from 4 to 15 minutes. The checklist determined whether the teacher had followed the necessary steps through completion successfully on a *yes* or *no* basis. All teachers completed all Life Space Interviews with 100% fidelity. Inter-rater reliability was 100%.

Student Time Out of Class

To answer Question 2, *Does the use of the Life Space Interview minimize students' time out of class?,* the researcher collected comparative data from the four 10-week quarters of the 2009-2010 school year. The number of out-of-school suspensions, in-school suspensions, unexcused absences, and incidents of tardiness were collected

from electronic school records on each student participating in the study. These incidents were totaled for each quarter, and the mean for each quarter was derived to compare results for pre- and post-intervention. As indicated by Table 4.2, there were significant decreases in incidents across all four categories. More detailed data is referenced on Appendix A.

Table 4.2

Pre- and Post Data

Incident	Pre-intervention mean quarter 1, 2, 3	Post-intervention mean quarter 4	Mean % of decrease
In-School Suspension	16 per quarter	3 per quarter	-16%
Out-of-School Suspension	33 per quarter	15 per quarter	-31%
Tardiness	232 per quarter	175 per quarter	-43%
Unexcused Absence	1190 per quarter	714 per quarter	-38%

As indicated in Appendix A, 9 of the 15 students decreased incidents across all four categories of in-school suspension, out-of-school suspension, unexcused absence, and tardiness, while 14 of the 15 student participants decreased incidents across two of the four categories in the study. In fact, of 60 possible incident categories for the total 15 students, 49 categories remained the same or decreased**.** In-school suspensions alone dropped to three for all 15 students after the implementation of the Life Space Interview, and out-of-school suspensions decreased by one-half for the group.

One of the categories less connected to the discipline system but connected to student choice is that of unexcused absences. High numbers of unexcused absence can significantly decrease instructional time as well as continuity of instruction for students. The study revealed that incidents of unexcused absence decreased from an average of over 1000 incidents (1190) to an average of 714, a drop of 38%.

The 11 increased events within the four studied categories were attributed to 6 of the 15 students. Three of those six students were involved with medication therapy changes related to mental health diagnoses; one student experienced loss of adoptive home placement; one student experienced loss of residential home placement.

Teacher Perceptions of the LSI

The Teacher Perceptions Protocol was administered in order to address question three, *How do teachers perceive the effectiveness of the Life Space Interview*? The responses of individual participants were coded to obtain themes and frequency of response. Four major themes were identified through the teacher interviews, including *Increasing Appropriate Behavior; Establishing Relationships; Decreasing Discipline;* and *Increasing Academic Success*.

When asked about whether the use of the Life Space Interview increased the presence of appropriate behavior or increased the ability to manage student behavior in a positive way, the response from all teachers was *yes, very much so*. This theme appeared in all three interviews. Based on the interviews, *increasing appropriate behavior* was defined as the students' positive response to external or internal stimuli within the learning environment, especially the emotions. The theme was characterized by identifying behaviors and emotions to make positive change. A second subtheme was

more appropriate for ways of dealing with stress. Teachers focused on problem-solving, using strategies without reminders, and expressing feelings appropriately. One teacher stated, “Students were able to develop more appropriate ways of dealing with their stress… students are able to identify behaviors and emotions and make changes for the next time.” One teacher remarked, “When a student feels like they are listened to, there is, most always, a shift in behavior. More to the point, it increases the student’s ability to manage behavior in a positive way”. Another noted, “I have been able to increase the on-task time and lessen behaviors in the classroom during academic time.” After using the Life Space Interview throughout class interactions, teachers also noted, “Students began to use the strategies without reminders.” In regard to the impact on appropriate behavior with increased student problem-solving, one teacher shared, “With the use of the LSI, students are able to talk through problems, take ownership of problems, and have control over future choices they make… I have been able to manage student behavior in a positive way by using the LSI.” One teacher shared,

> By the use of reflective statements, and connecting students’ feelings to behaviors, I am more likely to notice a student’s triggers and use previous LSI discussions to help students remember strategies and plans put in place. One student in particular often comes into the classroom now when agitated, expresses how he is feeling without being prompted, and appropriately seeks out an adult to take him to the weight room to work out.

Establishing relationships was defined as positive connection existing between teacher and student as well as students with their peers. The theme was characterized by the student appropriately seeking information and perspectives from others, fostering

relationships in a positive way. The theme also appeared in all three interviews. One teacher found the Life Space Interview "…strengthens our working relationship," referring to herself and her students. "It gives you a different perspective and different ways to manage the situation." Another commented that, "It allows you (the teacher) to gain information and perspective, especially with those who have anger management problems." She reflected that students will seek out people they feel most comfortable with. Another teacher responded that:

> Through the LSI, I feel that my relationships with the students have increased in a positive way… I have learned more about their lives, thoughts, and what motivates them to respond to situations the way they do. I have also found that they are more understanding towards the way I run my classroom, personality, expectations, and genuine concern for their well-being. I think the LSI used appropriately allows the student to see the teacher in a new way as well.

One teacher stated, "The students gained a relationship with the teachers, therefore, making them more willing to comply to *(sic)* directions."

Decreasing discipline appeared in all three interviews and was defined as a decrease in incidents requiring undesired consequences for the students who are intended to correct or train. One teacher noted that "…the use of the Life Space Interview is more about teaching strategies (to students, rather) than giving punishment out for their behavior". The teachers also noted that "using the Life Space Interview early on in the (conflict) cycle tends to head off the need for suspension." Upon reflection of the Life Space Interview versus the traditional discipline cycle with students, one teacher shared, "Without the use of the LSI, they can often find themselves in a continuous discipline

cycle that does not have any positive outcomes but only continues." She further stated that "students become used to participating in the LSI, are learning the skills necessary to cope with negative situations, and recognize their triggers that have led to a crisis situation or lead them into the discipline cycle." One also compared the LSI with more traditional consequence responses:

> Traditional methods of removing a student from a situation without follow-up conversations and problem-solving strategies typically result in a similar crisis repeating itself at a later date. By using the LSI, I have noticed a decrease in the number of repetitive negative behaviors, and the students involved seem to be able to use strategies to stop negative situations from repeating.

Teachers also noticed that students were able to look at situations and come up with alternative behaviors to try when similar situations arose.

Increasing academic success also appeared as a theme in all three teacher interviews. Academic success was defined through the interviews as the ability to apply and synthesize knowledge effectively to earn credits toward graduation, especially increased productivity with schoolwork and increased time on task. One respondent noted, "Although it (the LSI) takes more time in the beginning, over time, it helps with the overall success of the student in the school setting." Another reflected, "Using the LSI tends to increase the time spent productively on academics." In response to whether the teachers noted a difference in student academic success prior to the intervention compared to post-intervention use of the LSI, one teacher noted, "Yes, in the beginning of the year, the students were more frequently out of the classroom…by using the LSI, I

have been able to increase the on-task time. This naturally translated to more time focused and succeeding with academics."

The use of the LSI was thought by all teachers to be *immensely productive* and may be connected to the increased trust and relationship building. When students were interviewed about the Life Space Interview, comments were also positive toward this technique in the classroom.

Student Perceptions of the LSI

In responding to research question four, How do students perceive the effectiveness of the Life Space Interview?, students identified five themes. Some themes overlapped with those of adult respondents, including *Managing Emotions*, which was a subtheme of *Increasing Appropriate Behavior* with adult respondents, and *Succeeding with Academics*. Other themes varied such as *Feeling Care and Concern, Helping,* and *Problem Solving*.

The first theme of *managing emotions* appeared widespread in 12 of the 15 student interviews and was characterized by identifying behaviors and emotions to make positive change, dealing with stress in more appropriate ways, problem solving, using strategies without reminders, and expressing feelings appropriately. As with the teachers, some comments connected the positive experience of managing emotions by using the structure of the Life Space Interview, rather than immersion in the more traditional discipline system, which relies on sending students out of class to face further consequences from administrators. "I would talk to my teachers and tell them what was frustrating," one student remarked, and doing so "helps me reduce my problems and reduce my stress". Many students expressed thoughts such as, "I can make good choices,

think about it and come back". Multiple students also noted that using the Life Space Interview decreased their tendency to "blow up," stating "It calms you down so you don't explode," and "you can fix the problem instead of blowing." One student enthusiastically shared:

> I don't want to fight as much now 'cause I can stay calmer, even when I'm pi…um, like, you know, very upset at a certain person! I get along with all the adults now in the school, and I know how to be a positive leader.

One young man felt that when teachers utilized the LSI with him, he didn't "have to go off. I can take some time, calm down, talk to Mrs. C. (his teacher), and get it all set. It's a lot better because kicking me out of class would aggravate me more." All students who experienced the LSI felt that it "doesn't make us more angry and anxious," and shared that the use of the LSI is "an outlet for emotions. With the LSI, you get to have your own opinion." As one student put it, "You're not as stressed out as you would be in ISS. It helped me see that I don't always ask for help if I get frustrated. Now I know how to be. I don't disrespect others now." A 9th-grade student felt that teacher initiation of the Life Space Interview "…stops me from being impulsive…'cause I don't go off and get into arguing as much, or sometimes fighting or getting threatening with people who bug me". As one student framed it, "It helps you do things differently and calms me down."

The second most highly represented theme, *succeeding with academics*, yielded responses such as "I am passing all of my classes," "The LSI doesn't make the learning experience difficult," and "It benefits me getting my work done". Academic success was defined through the interviews as the ability to gain information and apply it to coursework and long-term planning, and the ability to pass classes and earn credit toward

a New York State diploma. One student succinctly stated, “Without the LSI I would have bad grades,” while another spoke of the difference in his experience before the implementation of the Life Space Interview, “The LSI helps keep you on track so you can keep your routine and stops me from going to ISS (in school suspension)…So I can stay in class then and not get behind”. One student reflected that prior to the Life Space Interview implementation in her classes, “I just didn’t come to school or go to class, and now I do”. One student used the interview opportunity to compare their success with academics before implementation of the Life Space Interview with their success afterward.

> I don’t waste all that time out of class, so my grades are better… Um, I think it benefits me getting my work done…I just talk to my teacher and get on with my work. In ISS, you won’t be able to work the way you wanted to do it. I can get on with things instead of getting upset all day long, then (sic) have that coming back on me the next day.

One student found the use of the LSI substantially altered the outcome experienced in a previous district:

> In my last school, I got kicked out. Here I was able to stay and the teachers don’t just try to get rid of you. My grades are excellent. Without the LSI, I would have bad grades. The LSI keeps me out of trouble with my mother.

Feeling care and concern from teachers was the third most frequent theme for students, and was characterized in the interviews as teachers relating to, or connecting with, students and showing interest in them. Students noted that with the Life Space Interview, “You know the staff care about you,” and “The LSI makes me closer to staff

and I trust them more." One student spoke about feeling that teachers who use the LSI "…spend time to find out what I am thinking about…and they don't judge my feelings. They care about how I am feeling and want to fix my problems." Another student noted differences in the use of the LSI compared with a more traditional consequence-based approach:

> I am in a safe place, where teachers care about me. I like it because I like the attention! They actually care about you, not just yell at you. You feel they care about you and want you to get through the problem.

Multiple students simply stated, "You know they care." When teachers take the time to use the LSI, "It's kinda cool, like somebody cares 'n' stuff. It makes our relationship stronger and helps me feel connected to my teachers." As one young man expressed about the LSI, "Yeah, my teachers care about me through their actions…I can talk to them about anything. It's interesting…It shows the teacher cares. It's like they really care about me, not just say they do."

Helping, defined in interviews as students receiving ease, relief, assistance or aid, was the fourth theme with student respondents. They shared views about the LSI including:

> It was very beneficial if you look at how my year was going prior to this. It helps because now I can come home from (residential treatment facility) and not have to live away from my mom. The LSI helps me be my own person, not just a follower.

Students also shared the immediacy of feeling that someone was helping them. "If I am having a bad day, they actually check with me to see if they can help me. They want

to talk to you right away and see what is going to help you." One student connected the feeling of being helped with the ability to express their perspective as well:

> It gives you a chance to explain why you are acting like you are acting. You can talk about what stuff is going on from your own eyes, not just the teacher's eyes and stuff. You know that you can talk to your teacher about what's bugging you, so then the teachers see my point of view and take my opinion into consideration, (and) My teachers helped me get where I am today… I'm just glad I'm graduating.

One student who exhibited anger management issues related ,"LSI helps me not get madder but ISS (in school suspension) makes me mad," while another noted that the LSI "… helps me own my own problems without being overwhelmed by them Now I also know how to ask for help, or to talk to someone." This comment reveals that there may be a link not only between students feeling that they are the recipients of help through the LSI, but that the use of the LSI may also promote their own self-advocacy.

The fifth and final theme that appeared for students was *problem solving*. The interviews defined problem solving as staying out of trouble, working out difficulties, or finding a solution. Highlights of the interviews included the preventive aspects, such as one student's reflection about the impact of the Life Space Interview on his attendance. "Like, it was a struggle for me to come to school and to even care about things… now I am here every day. It's a miracle, it saved my life." Using the LSI appeared to help one student "stay on track with what you need to do. It makes me handle myself without getting into trouble. I really don't want to fight so much now. I can fix the problem." This theme again provoked comparisons between the use of the Life Space Interview and

traditional disciplinary modalities. “It gives you some ways to problem solve, not just sit there and do your time. When you can talk, you can fix it most of the time. Consequences is (sic) just telling you what’s wrong, not fixing it.” One student stated,

> I had to focus my strategies to get done this semester. So now I don’t get as stressed out ‘cause I know I can figure it out… it helps work out the problems. The LSI helps explain stuff… you get to talk to someone right away.”

Summary of Results

Teachers implemented the Life Space Interview with fidelity in each situation. Record review showed significant decreases across all four categories of events, including In School Suspension, Out of School Suspension, Tardiness, and Unexcused Absences. The total percentage of decrease ranged from 43% to 16% for the students as a group. The most significant decrease showed in incidents of Tardiness (43%), followed by incidents of Unexcused Absence (38%), Out-of-School Suspension (31%), and In-School Suspension (16%). Interviews with teachers and students revealed that participants experienced more engaging and positive relationships between teachers and students and noted that the use of the Life Space Interview became easier over time, with increased independence noted on the part of students. Student participants who had been involved in the traditional discipline system such as removal from class and suspension noted that those incidents decreased and that more time on task was a result, making the connection to increased academic success. Some student participants linked greater preventive problem solving or decreased negative behavior, while others experienced higher levels of trust through care and concern they experienced with their teachers. Students also noted overall increased success in school than prior to the implementation

of the Life Space Interview, emphasizing grades, attendance, time-on-task, and decreased difficulty with their parents. Teachers in particular noted that they spent less time on discipline and more time on instruction.

Chapter 5: Discussion

The results of this study indicated that, for all 15 students who participated, significant reductions were noted in their number of in-school suspensions, out-of-school suspensions, incidents of tardiness, and unexcused absences during the implementation period of the Life Space Interview. The total percentage of decrease of these categories ranged from 43% to 16% for the students as a group. The most significant, which was incidents of tardiness, decreased by 43%. The number of unexcused absences decreased by 38%. The number of out-of- school suspensions decreased by 31%, and in-school suspension by 16%. The three participating teachers noted that students benefited from increased time in class. They also commented on the decrease of incidents requiring discipline. The teachers followed the Life Space Intervention protocol with fidelity with each administration. This was an indicator of effective professional development using Therapeutic Crisis Intervention in the district under study.

Both teachers and students perceived the interview as a positive and helpful tool. These results suggest that the Life Space Interview can be an effective tool for including students with emotional and behavioral disabilities. The study affirms the Life Space Interview as an effective alternative to more traditional disciplinary responses, such as removal from the classroom or involvement with building administration.

In this chapter, the results of this study will be compared to previous theory and research on Therapeutic Crisis Intervention and the Life Space Interview. Limitations of the study will be noted. Implications for future practitioners, including administrators and teachers, will be offered. The chapter will conclude with recommendations for future researchers and policy makers.

Discussion of the Literature

The work of Fritz Redl greatly influenced current Psycho-Educational approaches and stressed the theory that behavior is a result of personal and situational circumstances. Redl and Wineman promoted the idea that there are ways to interfere in the early stages of crisis with a young person who is beginning to act out and that intervention at the initial behavior stages or warning signs can stop the escalation process and assist the child in returning to a normal functioning level (Redl, F. & Wineman, D., 1962). My study supports Redl's claims by showing the positive results of the use of the Life Space Interview in interfering with student escalation in the early stages of upset and by the significant reduction of behavioral incidents requiring removal from class or discipline.

Another theorist, Brendtro (1998), utilized crisis theory to develop the residential child care model. His work examined the psycho-educational model that focused the importance of relationship as a powerful determinant of successful programs and that crisis is an opportunity as a normal part of human existence, which should not be viewed as entirely negative. He posited that the use of the Life Space Interview was a here and now intervention, which utilized a student's direct life experiences for purposes of problem solving. Like Brendtro, this study focuses on validating the use of the Life Space Interview by an adult in immediate proximity to interact with the student. The feedback from teachers and students spoke of the enhanced positive relationships as a result of the experience of the Life Space Interview.

Crisis theory was adapted with the stress model of crisis described by Wood and Long (1991), which promoted the concept that the intensity of a conflict increases unless the conflict cycle is broken. Research indicated that individuals may cope with high

levels of stress, but when the stress increases beyond the intellectual, emotional, or developmental capacity, the ability to cope is interrupted (Garbarino, 2005). The perception of crisis events is often based not only on the circumstances of the events themselves, but on the impact of the events on life and on self-perception. These perceptions can trigger feelings of rejection, anger, and despair and can become antecedents for behavior that either enhances growth or becomes self-limiting. Intervention that recognizes and considers these feelings is essential to breaking the conflict cycle (Wood & Long, 2001). This study indicates that the student events that triggered teacher implementation of the Life Space Interview were largely events that many adolescents cope with successfully but which this population of youth struggling with social/emotional regulation responded to in a more intensive or escalated manner. For example, several of the events precipitating the Life Space Interview were described by the students as frustration with school demands, focus on interpersonal relationships, or response to a perceived demand as unfair. These feelings preceded behavioral escalation, such as shutting down, refusal to engage in work, or verbal outburst. Recognizing and considering the feelings behind these behaviors without judging them was critical to the fidelity of the Life Space Interview. Similar to Wood and Long's research, the consideration of these feelings was essential to break the conflict cycle.

There are several arguments for the implementation of a proactive crisis intervention program. One argument is based on the prevalent behavior and can be supported by Therapeutic Crisis Intervention and, more specifically, the use of the Life Space Interview, which is a tool imbedded within Therapeutic Crisis Intervention (Nunno, Holden, & Leidy, 2003). With appropriate implementation, TCI uses non-

confrontational limit setting which prevents and de-escalates students who exhibit agitated or aggressive behavior. When staff use the knowledge and skills acquired through the training, critical incidents such as fighting, running away, and verbal and physical threats declined. This study indicated similar decreases in critical events that result in removal from class and suspension. Through staff use of the Life Space Interview with 100% fidelity across the classrooms, students reduced incidents of fighting, aggression, and threatening and increased their attention to task and time in the classroom. This proactive approach negated the need to move toward increased responses, such as removal from class and suspension, and no incidents of physical intervention resulted.

Traditional adolescent patterns for antisocial behavior in general have been categorized into four types: situational, relationship, predatory, and psychopathological (Guerra & Tolan, 1998). Of these patterns, relationships have the greatest impact on adolescent antisocial behavior, and its basis lies in both social and individual characteristics (Green, 2008; Guerra & Tolan, 1998). This type of behavior seems to lend itself best to crisis intervention. With the research demonstrating relationships as the core to most youth antisocial behavior, interventions that address the specific area of relationship should be explored. Guerra and Tolan (1998) initiated an empirical view on reducing adolescent violence through intervention. Various interventions were evaluated for their effectiveness. It was determined that psychotherapy, intensive case work, and group counseling did not decrease antisocial and violent behavior (Guerra & Tolan, 1998). Behavior modification, peer mediation, and gang diversion programs were found to require more study due to insignificant gains. Finally, interventions such as problem

solving, perspective taking, family relations, structured interaction, and student motivation were found to demonstrate long-term positive effects on adolescent violent and antisocial behavior. These interventions are all components of the Life Space Interview. Perceptions of the use of the Life Space Interview by teacher and students involved in this study point to the increase in positive and trusting relationships. The structured interaction of the interview process allowed students a forum for their perspective and a feeling of value. In addition, students were motivated to demonstrate more positive behaviors within the classroom and to consider the reasons for the structure and demands of the classroom. Finally, some students shared how the increase in their success within the classroom and self-esteem encouraged their leadership potential and feelings of self-worth.

This study shows that proactive interventions are necessary to divert disciplinary actions for students with emotional difficulties and learning disabilities. The breakdown of behavioral controls of children has increased, whether noted in the special education setting, the general education setting, or public venues. State legislation guidelines suggest that resources should be exhausted prior to penalizing students with disabilities for overt behavioral concerns. Teachers in the public school setting continue to struggle with students' impulsivity, lack of social and communication skills, and potentially aggressive behavior, and they have difficulty maintaining these students within the general education setting (Forthun, McComvie, & Freado, 2006). As inclusion focuses school efforts on access to the least restrictive environment for students with disabilities, and IDEA (2004), the No Child Left Behind Act (2001) focuses efforts on the academic success of children who struggle. One study showed that teachers' reactions to

inappropriate behavior were negative and engaged students in a power struggle that escalated with no positive resolution (Freado & Wille, 2007). Through awareness of each others' position, the teacher's non-threatening approach tends to increase the likelihood of student success, thereby, creating a more positive relationship in return (D'Oosterlinck & Broekaert, 2006). This study corroborates the resulting positive relationships from the experience with the Life Space Interview on both the part of students as well as teachers. Teachers naturally explored the position and perspective of students through the structure of the Life Space Interview, but even more surprisingly, some students reported the experience of being able to see the teachers' perspective as well. No power struggles resulted in any instances of using the Life Space Interview, and teachers' reactions to students were noted, without exception, to be positive. Students increased their time in class by minimizing incidents requiring removal or discipline, potentially beginning to build a repertoire of problem-solving skills that may increase their success within less restrictive environments as well.

Few research studies existed on the Life Space Interview prior to this study. A 1980 study explored the effects of the Life Space Interview on academic and social behavior of eight students in residential placement (DeMagistris & Imber, 1980). The experimental intervention of the Life Space Interview was conducted on six of the eight students, with two students serving as the control group. The results supported the use of the interview in decreasing students' target behaviors, with interviews conducted in the classroom or adjacent area. All subjects were involved in a minimum of one interview per week. If the subject did not indicate a desire to engage in the interview, it was terminated. Decrease in maladaptive behavior ranged from 31% to 72 %.

In summary, the results of this study completed in a public suburban high school of approximately 4000 students in Western New York shows positive implications for the use of Therapeutic Crisis Intervention and, specifically, the Life Space Interview. Both teachers and students perceived the interview as a positive and helpful tool. Teachers were able to implement the Life Space Interview with 100% fidelity, indicating the likelihood that the skill is learned through professional development and successful application. My study supports the existing literature on the need for proactive interventions to divert disciplinary response to students with emotional difficulties by introducing interventions that incorporate perspective taking and problem solving.

Recommendations for Future Practices

For the district that hosted the study, this snapshot translates to broader implications across the district for teachers and support staff to implement the Life Space Interview with their students. This researcher recommends continuing the district-wide training in Therapeutic Crisis Intervention and using the Life Space Interview as a specific tool to respond to student escalation or a crisis event, to assist students in de-escalation, to connect feelings to behaviors, and to plan a successful re-entry back into routine. Furthermore, a district-wide focus on Therapeutic Crisis Intervention should be combined with professional development in order to sustain the necessary attention to refining the skills to facilitate the Life Space Interview**.**

Based on the results of the study, the implementation of Therapeutic Crisis Intervention and, specifically, the Life Space Interview have positive implications within a public school system, demonstrating its effectiveness in reducing incidents of tardiness, unexcused absence, and suspensions for students with emotional disabilities. The four

days of time required for full Therapeutic Crisis Intervention certification is offset by the gains for students and teachers and may have a positive impact by providing a framework that is not typically an outcome of teacher training or certification programs. In addition, there is positive impact on teacher training and staff development within the context of supporting teachers in the supervision and evaluation process. When TCI is implemented as staff development, the implementation can be a focus at the school-wide level, for specific departments (in both general and special education) and for specific teachers for whom an increased repertoire in supporting students' social/emotional skills is relevant. Administrators in roles that require support for students, problem solving, or discipline, could utilize the Life Space Interview as a tool. For directors of special education, the results would support adopting more positive behavior reinforcement models that build on student reflection and problem-solving supports as well as minimize judgment on the role of the adult. Comments from research participants documented that the use of the Life Space Interview gives students a voice and a perspective regarding situations that are frustrating or elicit behavioral escalation. Therapeutic Crisis Intervention is also a valuable staff development tool. A focus on Therapeutic Crisis Intervention could support specific goals for teaching staff to support positive student behavior.

For school personnel who face working with students with increasing social/emotional, behavioral, and psychiatric needs, the structures of Therapeutic Crisis Intervention and the Life Space Interview provide a host of tools that help to minimize the emotional response of a staff-person. This is especially helpful to teaching staff who may not feel equipped to respond to students' needs outside of the academic realm. Personnel who typically provide such care, including school counselors, school social

workers, and school psychologists may benefit from focus on a systematic approach with common vocabulary to increase consistency across grade levels and district response. In addition, there are implications for teaching the skills to students to eventually assist with more independent means of preventing self-escalation and shut down or avoidance accompanying low frustration tolerance, anxiety, or lack of problem-solving capacity. There are many positive implications for school staff who interact with students in less structured settings, such as teaching assistants, hallway and cafeteria monitors, bus drivers, or security personnel.

Policy makers should consider Therapeutic Crisis Intervention as an explicit alternative to minimize incidents requiring physical intervention. As critical incidents increase within public school systems, so do the risk factors for students and staff to become involved in escalating emotions. The tenets of Therapeutic Crisis Intervention not only assist in removing personalization from the emotion, but provide adults a structured response mechanism to minimize critical events that risk student and staff safety as well as increase student academic and social/emotional success.

Limitations

Limitations of the study include the small sample population of students and teachers as well as the difficulty isolating the effects of implementing the Life Space Interview from other positive teaching tools implemented by teachers. While expanding the number of teacher and student participants is possible, it may be difficult to separate the effects of the Life Space Interview from other simultaneously occurring strategies that support student learning and skill acquisition within the classroom. Conducting a Life Space Interview with a larger class of students, combined with the difficulty for teachers

to leave the classroom during instructional time, may pose limitations to expanding the research to the general education setting. The Life Space Interview is most effective if the adult involved with the student who is escalating can conduct the interview once the student is ready to talk or has returned to their baseline. However, it is possible to study the impact of the Life Space Interview that is conducted by another adult who is available within the timeframe of the incident. Although general educators may be limited in their ability to interview students during class time, they may, however, conduct the interview within a timeframe still relevant to the student and the situation during the course of that school day.

Recommendations for Future Research

Large-scale research is warranted, involving greater numbers of teachers and students. My study involved a small number of teachers and students who were supported through one particular special education program in a suburban high school. Future research could expand to compare results across high schools or districts in a quantitative analysis. Qualitative research comparing the experiences of tenured and non-tenured staff should be considered as well as interviews culled from work with general education students compared with students with emotional disabilities or with a mix of general and special education students taught in more inclusive environments.

A similar study could be completed with interviewers who have not previously interacted with the participants. This model may also be relevant for teachers in more integrated or general education settings who serve larger groups of students than the classes of eight students that comprised my study. Methodology including surveys on a larger scale should be considered. Also, future researchers may wish to explore whether

the use of the Life Space Interview as an observation tool works as well as it does in isolation with one adult and one student. Completing a qualitative study that defines the best practices found with teachers who report high student achievement with minimal to no discipline issues or negative student behavior with significant findings is also recommended.

Parents may benefit from training in order to implement the Life Space Interview at home. Students who struggle with social/emotional needs and self-regulation evidence these needs at home and in the community as well. Just as traditional teaching tools do not always address these needs, nor do traditional parenting approaches. Additional research could be done to gain insight into activities that facilitate the positive relationship between teachers and students, and then apply to children and their parents.

Summary

It is critically important for students who are struggling with social/emotional self-regulation and problem solving to be provided the opportunity to express their voices and to develop trusting and caring relationships with the adults in the school system. A study of the implementation of the Life Space Interview in a suburban Western New York public high school showed a significant decrease in incidents of student suspension, tardiness, and unexcused absence, with a decrease between 16% and 43% following the intervention. The study also verified that this occurred with 100% fidelity in conducting the Life Space Interview. This study indicates promise for implementing the Life Space Interview in the public school system, providing teachers and other staff with a systematic approach to preventing or responding to student escalation or a crisis event, to

increasing positive adult and student relationships, and to providing students with a problem-solving model that may be implemented with increased independence over time.

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Appendix A

Student Pre and Post Data

Student	ISS	**ISS**	OSS	**OSS**	Tardiness	**Tardiness**	UnexAbs	**UnexAbs**
S01	0	**0**	0	**0**	5	**0**	76	**0**
S02	0	**0**	0	**0**	6	**0**	72	**0**
S03	3	**0**	2	**5**	30	**40**	36	**76**
S04	0	**0**	0	**0**	11	**11**	88	**74**
S05	3	**0**	6	**4**	31	**7**	53	**97**
S06	2	**0**	17	**0**	17	**0**	143	**0**
S07	0	**0**	1	**0**	7	**5**	92	**78**
S08	1	**0**	1	**0**	17	**13**	45	**49**
S09	1	**0**	0	**0**	5	**4**	52	**35**
S10	2	**3**	4	**6**	20	**24**	78	**77**
S11	1	**0**	0	**0**	20	**17**	40	**47**
S12	1	**0**	1	**0**	20	**24**	75	**101**
S13	1	**0**	1	**0**	22	**22**	49	**19**
S14	1	**0**	0	**0**	18	**8**	108	**61**
S15	0	**0**	0	**0**	3	**0**	183	**0**
TOTAL	*16*	***3***	*33*	***15***	*232*	***175***	*1190*	***714***

Student Pre-Data (indicated in black) and ***Post-Data (indicated in bold)***

*Pre and post data are exhibited in average per quarter

**Decreased incidents are indicated in greyscale