Staying Safe:

Supporting Special Needs Students in a School Crisis

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Outline

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   b. Function Based Interventions
   c. Trauma Informed Care
   d. Building Rapport
   e. Plans to Design, Implement and Pre-Teach
   f. Visual Aids/Materials
2. Response
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   b. De-escalation Techniques
3. Recovery
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Individuals with Disabilities Education Act (IDEA)

IDEA was signed into law on November 29, 1975, and since then, Congress reauthorized the law in 2004.

IDEA law states that "A free appropriate public education is available to all children with disabilities residing in the State between the ages of 3 and 21, inclusive, including children with disabilities who have been suspended or expelled from school."

Free and Appropriate Public Education (FAPE) and Least Restrictive Environment (LRE): "to the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are not disabled, and special classes, separate schooling, or other removal of children with disabilities from the regular educational environment occurs only when the nature or severity of the disability of a child is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily."

IDEA Qualifying Categories Overview

	Categories	Helpful strategies to reduce risk
Autism	A developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, that adversely affects a child's educational performance. Other characteristics often associated with autism are engaging in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. *Spectrum being the key word*	Structure Consistency Clear expectations Pre-teaching routines
Deafness	A hearing impairment so severe that a child is impaired in processing linguistic information through hearing, with or without amplification, that adversely affects a child's educational performance.	Use of ASL *may be practical to learn a few emergency sings. *Resource: Lifeprint.com* Visual supports/reminders Written instructions
Developmental Delay	Children from birth to age three (under IDEA Part C) and children from ages three through nine (under IDEA Part B), the term developmental delay, as defined by each State, means a delay in one or more of the following areas: physical development; cognitive development; communication; social or emotional development; or adaptive [behavioral] development.	Sensory input Consistency Minimize distractions
Emotional Disturbance	A condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance.	Sensory input Trust and respect A good rapport Behavior contract

Individuals with Disabilities Act

Hearing Impairments	an impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance but is not included under the definition of "deafness."	Use of ASL Visual supports Written instructions
Intellectual Disability	A significantly subaverage general intellectual functioning, existing concurrently [at the same time] with deficits in adaptive behavior and manifested during the developmental period, that adversely affects a child's educational performance.	Practiced routines Visual supports Sensory supports- fidgets
Multiple Disabilities	A concomitant [simultaneous] impairments (such as intellectual disability-blindness, intellectual disability-orthopedic impairment, etc.), the combination of which causes such severe educational needs that they cannot be accommodated in a special education program solely for one of the impairments. The term does not include deaf-blindness.	Case specific
Orthopedic Impairment	A severe orthopedic impairment that adversely affects a child's educational performance. The term includes impairments caused by a congenital anomaly, impairments caused by disease (e.g., poliomyelitis, bone tuberculosis), and impairments from other causes (e.g.,cerebral palsy, amputations, and fractures or burns that cause contractures).	Adaptive equipment Staff trained on how to transfer students *Note: These students may require extra planning and an alternative evacuation plan to due to ambulatory restrictions*

Individuals with Disabilities Act

Other Health Impairment	Having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that— is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette syndrome; and adversely affects a child's educational performance.	Case specific
Specific Learning Disability	A disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations. The term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not include learning problems that are primarily the result of visual, hearing, or motor disabilities; of intellectual disability; of emotional disturbance; or of environmental, cultural, or economic disadvantage.	Case Specific
Speech or Language Impairment	A communication disorder such as stuttering, impaired articulation, a language impairment, or a voice impairment that adversely affects a child's educational performance.	Use of ASL Limited verbal cueing Visual supports

Individuals with Disabilities Act

Traumatic Brain Injury	An acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's educational performance. The term applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and speech.	Case specific
Visual Impairment Including Blindness	An impairment in vision that, even with correction, adversely affects a child's educational performance. The term includes both partial sight and blindness.	Use of braille Concise verbal instruction Use of modified visual supports Physical guiding

Manifestation Determination

Manifestation Determination: "a process, required by the Individuals With Disabilities Education Act (IDEA 2004), which is conducted when considering the exclusion of a student with a disability that constitutes a change of placement."

"A Manifestation Determination is ONLY required when a change in a student's educational placement is being pursued due to a student's violation of the code of student conduct. This must occur within 10 days of the decision to change the student's placement per OAR 581-015-2415."

"Under OAR 581-015-2415, a disciplinary removal is considered a change in educational placement if: The removal will be for more than 10 consecutive school days, OR; The child will be removed for more than 10 cumulative school days from their current educational placement in a school year AND those removals constitute a pattern under OAR 581-015- 2410."

Preparedness

1. Function based interventions
   a. How do we determine the function?
   b. ABC's of behavior
   c. Reinforcement vs Punishment
2. Trauma informed practices
   a. Brain science
   b. ACE's
   c. Discrimination in schools
3. Plans to implement and Pre-teach
   a. Pre-teaching skills
   b. Visual supports
   c. Creating a safe school environment

Function Based Interventions

4 main functions: SEAT

- **Sensory**- The individual engages in the behavior because something about the behavior feels good.
- **Escape**- The individual engages in the behavior because they have either avoided or gotten out of a non-preferred situation or task in the past after engaging in that behavior.
- **Attention**- The individual engages in the behavior because they have previously received attention for it
- **Tangibles**- The individual engages in the behavior because they have received a tangible (a physical object or activity) after engaging in that behavior.

How do we determine function?

Antecedent	Behavior	Consequence
• What happened immediately before?	• What did the student do?	• What happened immediately after?

Function Based Intervention

Reinforcement: is a stimulus change that occurs right after a behavior that increases the future frequency of that behavior. Consequences control behavior.

Motivating Operations: concept that refers to the desires of an individual that change or improve the value of a certain stimulus. This change can improve the effectiveness or value of a certain reinforcer or it can reduce the value of a certain reinforcer.

Punishment: anything that decreases the future frequency/occurrence of a behavior.

	Reinforcement Increases future frequency of a behavior	**Punishment** Decreases future frequency of a behavior
Positive A stimulus is added to the environment	**Positive reinforcement** Something is added to the environment to increase the future frequency of a behavior	**Positive Punishment** Something is added to the environment to decrease the future frequency of a behavior
Negative A stimulus is taken away from the environment	**Negative Reinforcement** Something is taken away from the environment to increase the future frequency of a behavior	**Negative Punishment** Something is taken away from the environment to decrease the future frequency of a behavior

What is trauma?

Event(s) – actual event or circumstances, single or repeated

Experience of the event(s) – individual's determination whether it is traumatic; how meaning is assigned

Effect – adverse, immediate or delayed onset, short or long term duration

How does trauma affect the brain?
"It can interrupt the typical development in the brain, which can lead individuals to have difficulty trusting and connecting with others. It triggers the response of "Fight, Flight or Freeze". When a student is triggered after experiencing a traumatic event, it may appear to others that they are "acting out"."

Trauma Informed Care

Trauma informed approaches:

1. Familiarize yourself with the effects of trauma
2. Recognize the signs and symptoms
3. Train staff on trauma informed practices
4. Actively avoid retraumatization

Key Principles of Trauma Informed Care:
1. Safety
2. Trustworthiness and Transparency
3. Support
4. Collaboration
5. Empowerment, Voice and Choice
6. Cultural, Historical and Gender Issues

Adverse Childhood Experiences (ACE)

According to the 2016 National Survey of Children's Health, 46% of children in the United States experience at least one adverse childhood experiences (ACE).

Types of Adverse Childhood Experiences (ACE):
- Physical abuse
- Emotional abuse
- Neglect
- Sexual abuse
- Substance abuse within the household
- Parental separation or divorce
- Mental illness within the household

Death

Conception

Early
Death

Disease, Disability,
and Social Problems

Adoption of
Health-risk Behaviors

Social, Emotional, and
Cognitive Impairment

Disrupted Neurodevelopment

Adverse Childhood Experiences

**Mechanisms by Which Adverse Childhood Experiences
Influence Health and Well-being Throughout the Lifespan**
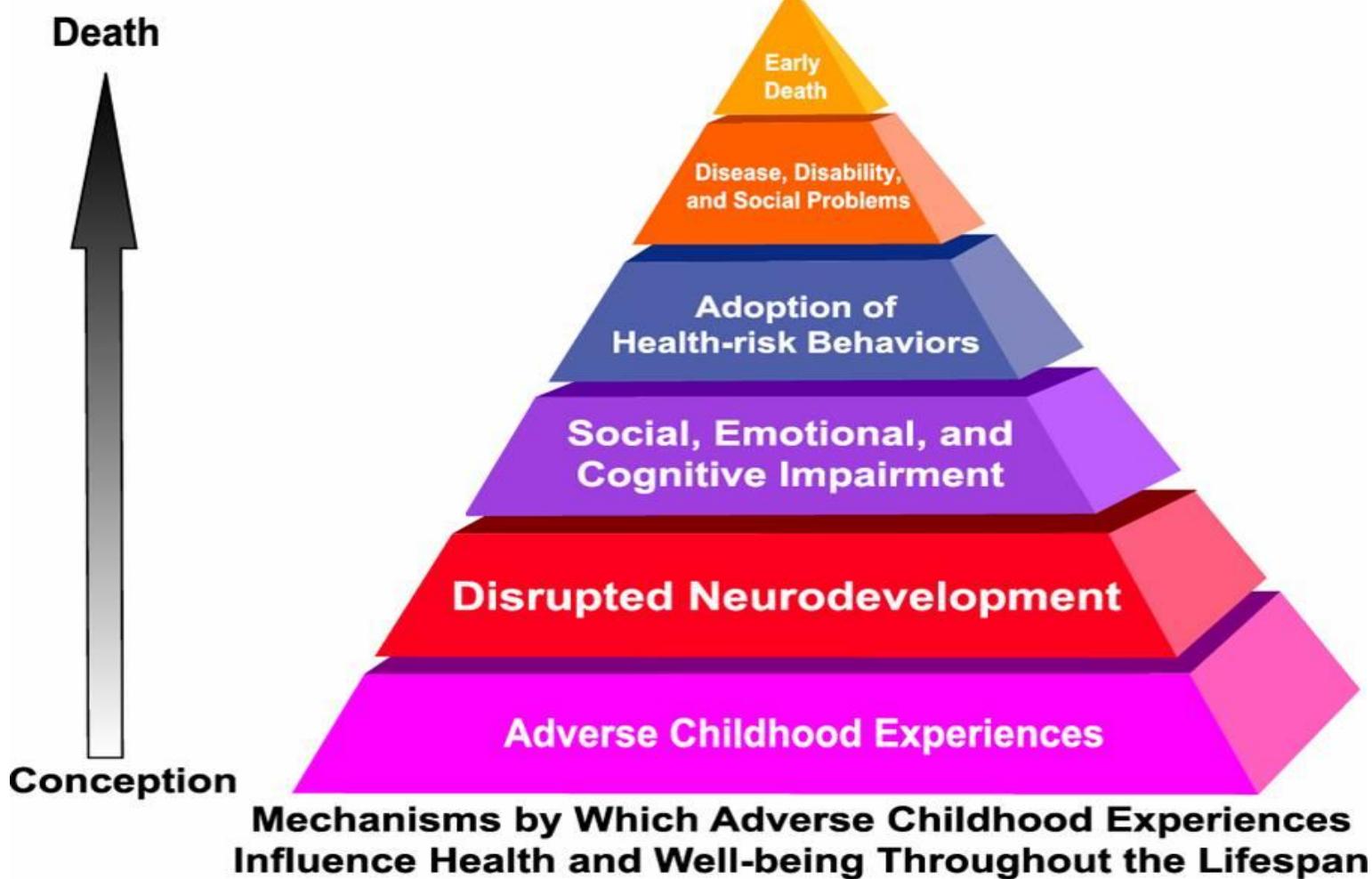
Discrimination within schools

Bias: Defined as prejudice in favor of or against one thing, person, or group compared with another, usually in a way considered to be unfair.

Implicit Bias: Refers to the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner.

Discrimination: Defined as the unjust or prejudicial treatment of different categories of people or things, especially on the grounds of race, age, or sex.

Students of color and members of the LGBTQ community are more likely to be disproportionately disciplined within the school system. According to 2013–14 data collected by the U.S. Department of Education's Office of Civil Rights, black K–12 students are 3.8 times as likely as their white peers to receive one or more out-of-school suspensions. In Oregon, students of color are twice as likely to be disciplined under the heading of "disruptive behavior".

Building Rapport

Building a positive relationship with students enables the staff to aid the students in feeling comfortable and in return it builds tools for trust. It is important to create a relationship that has clear and consistent boundaries and language with a mixture that are fun, as opposed to solely "punitive" interactions. Once rapport is established, the staff is more equipped to aid in de-escalation techniques with the student.

There is no one way to build rapport because every student is different. Reviewing a student's Individual Education Program (IEP), communicating with the student's team and reviewing the Behavior Plan, sometimes referred to as a Positive Behavior Support Plan(PBSP), or a Behavior Support Plan (BSP).

Tips for Building Rapport:
- Do not force connections
- Use trauma informed practices
- Understand each individual student is different
- Utilize 1:1 time and positive reinforcement

Plans to Design, Implement and Pre-Teach

- Fire Drills
- Earthquake Drills
- Lockdown/Lockout Drills

- Have regularly scheduled practice drills
- Utilize visual aids
- Have clear and consistent expectations
- Utilize consistent language
- Have a set route in place as well as backup plans

Pre-teaching Skills

Practicing routines for catastrophic events (active shooter, earthquake, fire etc) with students with special needs:

- Consistency is key!
- Unexpected events or schedule changes often trigger students with special needs, this is why practicing a routine, such as a lockdown drill, is vital.
- Use consistent language, utilize the EXACT language every time, should be consistent with materials used to "frontload" the skill.
- If possible, utilize a consistent space- getting under the same table, evacuating to the same safe area, etc.
- Model calm behavior.
- Be prepared, have visual supports, fidgets and items to keep students busy.

Visual Aids/Materials

- Schedules
- First/Then Boards
- Token Boards
- Social Stories
- Assistive Technology
- Calming Items/Fidgets
- Crisis Bags

First

Then

Handwashing Routine
Task Analysis

Turn on water
Put hands in water
Put 2 pumps of soap on hands
Rub hands in water
Turn off water
Dry hands
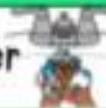
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Crisis Bags

- Student/staff medications
- First aid materials
- Emergency contact list
- Visual aids/materials
- Allergies
- Adaptive equipment used (if applicable)
- Comfort items
- Visual communication items
- Gloves

Creating a Safe School Environment

- Reduce unnecessary clutter
- Post expectations or rules throughout the classroom- remember ABC- Always Be Consistent
- Have a designated calming or break area
- Make sure the lighting is not too bright or too dim
- Keep noise levels as low as possible- provide noise cancelling headphones for students who need them
- Maintain healthy and appropriate boundaries
- Clear communication
- Ability to lock all doors
- Window shades
- Clearly marked and well lit exit signs
- Planned exit route for emergencies
- Boundaries
- Transparency
- Predictability

Response

1. Access the situation- Is it life threatening?
   a. If life threatening, follow procedures in place
   b. If not in immediate danger (and not a drill) stay in place until confirmed safe
      i. Remove highly vulnerable students, if possible
      ii. Follow the Behavior Plan in place
2. Supporting students during drills or incident
   a. Utilize the social stories exact language
   b. Consistency is key when working with students with special needs.
   c. Utilize visual supports throughout the drill- for example, "voices off" or "sit on floor"
   d. Reinforce appropriate behavior
3. Utilize your tools in your toolkit
   a. De-escalation techniques

Response

Accessing the situation: whether it be a student behavioral escalation, a fire/earthquake drill, or a real life catastrophic event, the immediate response of people on the scene is to try and understand the scope of the incident. The response will depend on the severity of the situation.

- Communicate: Ensure all staff will have the same response.
- Call for help if needed
- Remove vulnerable peers first.
- If you are approaching a scene to offer assistance, what are some things that you should ask the adults on the scene?

Escalation

Triggers: things in the environment or schedule that make maladaptive behavior more likely to occur.
- Loud noises
- Change in medications
- Routine change
- Physical touch

*When you are aware of a student's triggers you can use proactive techniques to aid the student in staying calm.

Signs of Escalation: signs that target behavior is more likely to occur.
- Biting self
- Swearing
- Swiping materials
- Running away

*Some triggers are unavoidable and it's helpful to know what stage of escalation the student is in to intervene appropriately.

Proactive Strategies

Upon the presence of a triggering event or a signal of student escalation, here are proactive interventions that can be utilized. Each of these proactive interventions will be dependent on your student.

- Offer a "way out" allowing the student a chance to leave the situation and "save face" around peers.
- Reduce task demand
- Utilize a timer
- First/Then language / visual
- Token economy
- Behavior contract
- Social story or visual support around expected school behaviors
- Model functional communication to get their needs met

PEAK

ESCALATION

DE-ESCALATION

AGITATION

TRIGGER

RECOVERY

CALM

POST-CRISIS
DEPLETION
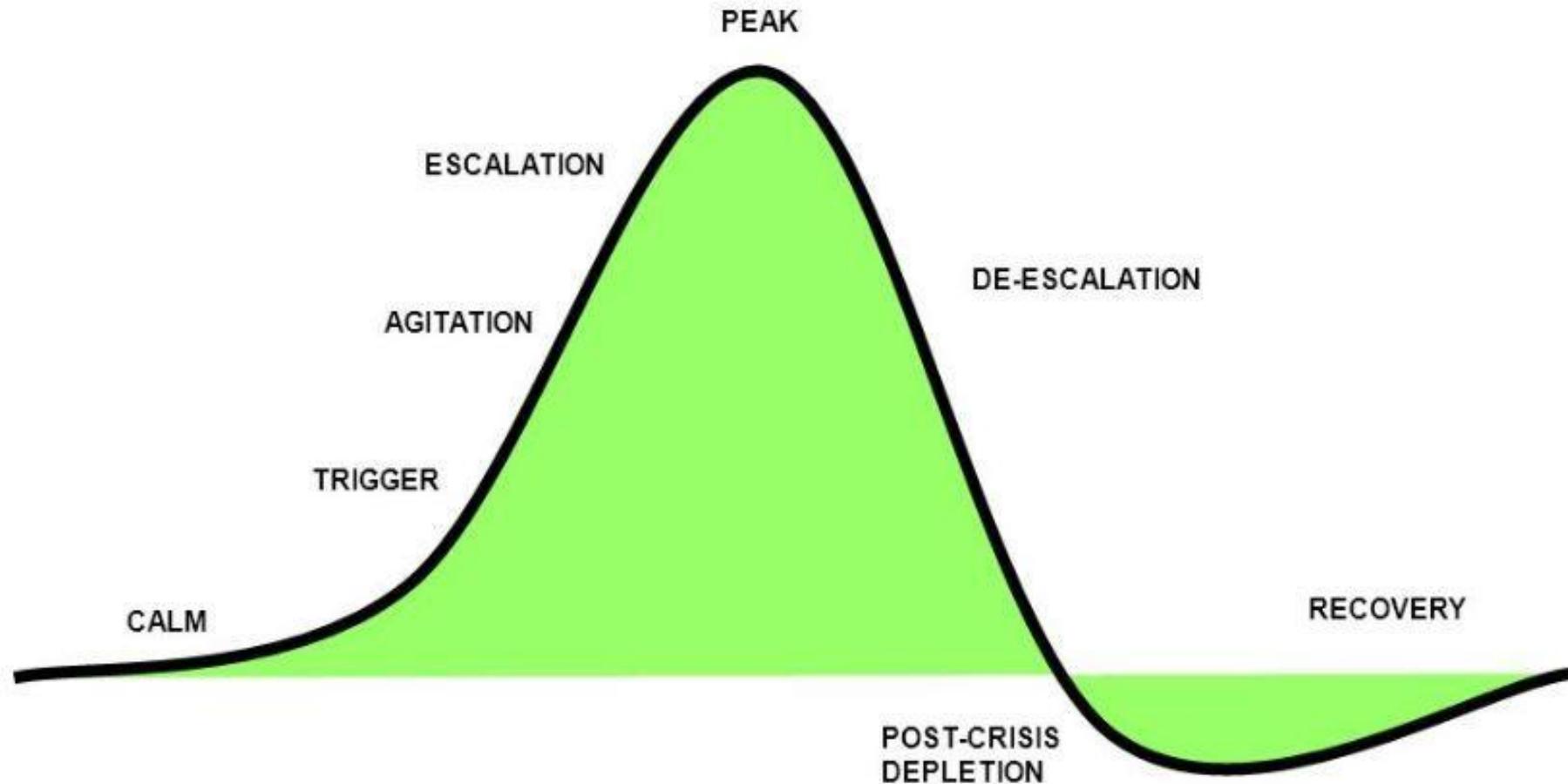
De-Escalation Techniques: through a behavior lens

- Remain as calm and neutral as possible, model the tone of voice you would like to hear.
- Convey calm with your body posture

The 3 A's

- **Active listening:** repeating back key pieces of information.
- **Acknowledgement:** trying to understand the WHY
- **Apologize:** this can go a long way, for example, "I'm sorry that happened to you" "I'm sorry you are upset".

De-Escalation Techniques

ALWAYS avoid shaming, bringing up negative behaviors or retraumatizing students. During de-escalation the main goal is to return to baseline. Repair, clean up and restorative conversations will come after recovery.

Offer help- Some students will de-escalate if they feel safe and that someone will help them.

Give a directive- Keep it simple, "walk with me" "do this".

> **Behavior Momentum**- Prompt for a few known, mastered, simple behaviors, before moving on.
>
> **Incompatible Behavior**- Prompt for a behavior that they can not do at the same time as the problem Behavior.
>
> **Offer Choices**- Whenever possible, give students ownership by offering choices.

Wait - Some students de-escalate best when they have time to quietly calm down, with limited sensory input. When waiting students out,, ensure vulnerable peers are removed, wait at a safe distance, ignoring any negative behaviors (e.g. swearing, muttering). Prompt with a simple sentence, or visual cue, every 2-3 minutes. For example, "I will know you are ready when your hands are safe and your body is sitting".

Recovery

a. Rebuild the relationship- restorative practices
b. Debrief and create a plan for next time
   i. This is a vital part of the recovery process. Debriefing can be used after a drill, school incident, or behavioral escalation. Debriefing should take place with the entire classroom team and should be held as soon as possible. During the debrief process, the team will review the incident and discuss what worked and what to change for next time.
c. Communication with parents
   i. Sometimes even a drill can be traumatic for children with special needs. They are generally paired with loud noises and an unexpected schedule change. Let parents know of any issues that may have occurred.
d. Medical needs- ensure safety at all times
e. Re-read social stories- this will help students process what has occured

Restorative Practices

Restorative practices are a problem solving based response to a perceived or actual "wrongdoing". Some students simply will not benefit from these practices due to cognition level. Generally these practices occur with everyone involved in a given incident.

Why use this tool? "Restorative justice emphasizes values of empathy, respect, honesty, acceptance, responsibility, and accountability. It provides ways to effectively address behavior and other complex school issues, offers a supportive environment that can improve learning, improves safety by preventing future harm, and offers alternatives to suspension and expulsion."

Punitive vs Restorative Examples

Punitive:	Restorative:
Authority figure decides consequences	Group agrees on steps to move forward
Incident defined as breaking the rules or disappointing the staff	Misbehavior defined as harm done to others
Focus on "who did what", placing blame	Focus on problem solving and discussion of feelings
Accountability defined as receiving punishments	Accountability defined as understanding actions have consequences, taking responsibility for role played.

Restorative Practice Steps

Always avoid placing blame or lecturing, focus on finding a solution.

- Gather all parties involved, in a neutral and safe location
- Identify harm was done
- Encourage sharing of feelings, modeling if necessary
- Identify steps to repair, involving all parties
- Make amends
- Carry out the steps of the plan

Post Crisis

Immediately after a crisis:

      -Account for all the students, teachers, and staff

      -Meet all medical needs

      -Check in with each student, assure safety

Once baseline is restored:

      -Provide stress management support during class time

      -Communicate with parents, guardians and the local community

      -Conduct a debrief- recommendations for improvements to the school plan

      - Expect some regression and increased in maladaptive behaviors in the days following

Debriefing Guidelines

Debriefing plays a vital role in ensuring the best quality care and most efficient intervention, as well as allowing all staff to have an equal voice. Here are some guidelines to consider while debriefing:

- Document, document, document!
- Debriefs should include all staff members present at the time of the incident.
- Debriefs should be held within 48 hours of any incident. *NOTE: Oregon State Law states that a debrief MUST be completed within 48 hours after ANY incident of restraint or seclusion.
- A debrief should be held when everyone has returned to baseline, and has had ample time to process.
- Recommendations for future responses or changes to the current plan should be presented without blame.

Sources

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