# TCOLE #4064 School-Based Law Enforcement Training

Texas Commission on Law Enforcement
May 2023

# ABSTRACT

## TCOLE #4064 School-Based Law Enforcement Training

This guide is designed to assist the instructor in developing an appropriate lesson plan or plans to teach the course learning objectives. The learning objectives are the minimum required content of the School-Based Law Enforcement Course. The School-Based Law Enforcement Course is a required course for all school district peace officers and School Resource Officers who are commissioned by or who provide law enforcement at a school district.

*NOTE: A school district peace officer or school resource officer is not required to complete this training program if the officer has successfully completed one of the following options:*

- *Advanced Training Course from the National Association of School Resource Officers (NASRO).*
- *Course #3952 or #3953 Texas School-Based Law Enforcement Conference (SBLE)* ***PLUS*** *a TCOLE Crisis Intervention Training (CIT).*

**NOTE TO TRAINERS: It is the responsibility of the coordinator to ensure this curriculum and its materials are kept up to date. Refer to curriculum and legal resources for changes in subject matter or laws relating to this topic as well as the Texas Commission on Law Enforcement website at www.tcole.texas.gov for edits due to course review.**

**Target Population:**

Law Enforcement Officers and School Resource Officers who are commissioned by or who provides law enforcement at a school district. Initial completion requirement was for school districts with an enrollment of 30,000 or more students. As of September 1, 2019, the enrollment qualifier has been removed (HB 876).

**Student Prerequisites:**

- Employed by a Law Enforcement agency or assigned as a School-Based Law Enforcement Officer or School Resource Officer (before or within 120 days of the officer's commission by or placement in the district or a campus of the district.)

*Upon student completion of this course, each student is required to apply for a School-Based Law Enforcement Proficiency Certificate per TCOLE Rule:*

*§221.43. School-Based Law Enforcement Proficiency Certificate*

*(a) To qualify for a school-based law enforcement proficiency certificate, an applicant must complete a course approved by the commission under occupations Code §1701.262*

*(b) School district peace officers and school resource officers providing law enforcement at a school district must obtain a school-based law enforcement proficiency certificate within 120 days of the officer's commission or placement in the district or campus of the district.*

**Instructor Prerequisites:**
- School-Based Law Enforcement Proficiency Certificate OR
- Subject Matter Expert with School-Based Law Enforcement experience

**Length of Course:**
20 hours

**Method of Instruction (In-Person):**
- Lecture
- Group Discussion
- Scenarios and Role-Play

**Method of Instruction (Virtual):**
- Lecture
- Group Discussion and/or Discussion via Chat
- Scenarios and Polls

**Assessment:**
A final examination is required for successful completion of this course to ensure the student has a thorough comprehension of all learning objectives. Examination development is the responsibility of each departments' training coordinator or chief administrative officer. Training providers are also responsible for utilizing appropriate proctoring procedures, assessing, and documenting student mastery of all objectives in this course.

In addition, the Commission highly recommends a variety of testing/assessment opportunities throughout the course which could include: oral and written testing, interaction with instructor and students, case study and scenario, and other means of testing students' application of skills, as the instructor or department deems appropriate.

Reference Materials:
- House Bill 3630
- Occupations Code 1701
- Education Code 37
- 19 TAC Chapter §89.1053. Procedures for Use of Restraint and Time-Out
- SB 393 and 1114
- SB 712
- SB 1707

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## Section 1:

The Adolescent Brain: Child and Adolescent Development and Psychology
(4 hours)

**1.0 Unit Goal: Discussion of Child and Adolescent Psychology and its significance to the School-Based Law Enforcement Officer.**

The desired outcome of this training block will cover emotional development and explain temperament and aggression in adolescence. Following completion of this training, it is our hope that participants will adopt a sense of empathy and recognition towards the many factors that contribute to the overall development of an adolescent. Once an understanding of how influential emotions, aggression and temperament styles can be, the participant will be able to appropriately respond to an individual's behavior.

**Objectives:**

1.1 Define emotional intelligence and be able to recognize components that contribute to building emotional intelligence.
1.2 Define executive function.
1.3 Explain the differences between self, self-concept, and self-esteem.
1.4 Define temperament and recognize temperamental traits.
1.5 Identify the different types of aggression.

## Objective 1.1 – Define emotional intelligence and be able to recognize components that contribute to building emotional intelligence.

**The Adolescent Brain**

https://www.youtube.com/watch?v=LWUkW4s3XxY

**Emotional Development**

- The process of a child's ability to regulate and control emotions and to establish social competence.
- Contributing factors: emotional intelligence, rate of brain development, and group differences.

Elaboration: Emotional development is the process of a child's ability to regulate and control emotions and to establish social competence that will continue to develop through adolescence and carry on into adulthood. Contributing factors that help shape an individual's emotional development are emotional intelligence, the rate of brain development, and group differences.

We have all heard "IQ" which is cognitive development. There is also "EQ" which refers to our emotional development.

**Emotional Intelligence**

- Emotional Intelligence (EQ) – a person's ability to manage his/her emotions through self-awareness and interpersonal skills.

Elaboration: A person's emotional intelligence, or EQ, describes his or her ability to manage emotions through self-awareness, such as identifying one's emotions and interpersonal skills, such as applying empathy to others, resolving conflict, and developing a cooperative spirit.

Because of the many factors that influence development, social problems among children are becoming increasingly common. About 12% of elementary students alone face social problems such as peer rejection. To put this number in perspective, 12% accounts for 4 million students who face social struggles daily. Such issues are considered threats to one's emotional intelligence and puts a student at potential risk for: failing, dropping out, developing conduct and mental health problems.

- Emotional intelligence plays an important role in adolescent development where the child has to learn the roles, he/she will occupy as an adult.
- It is during this stage that the adolescent will re-examine his identity and try to find out exactly who he/she is.

**Emotional Intelligence – Competencies**

- Self-awareness – aware of your moods as you are having them
- Self-regulation – staying in control
- Social awareness – ability to take the perspective of and empathize with others
- Relationship management – process of managing and optimizing interactions with others

Elaboration: Developing emotional regulation begins at home and accelerates once a child enters grade school where teachers and peers influence what emotions and behaviors an individual perceives as acceptable. Research suggests that adolescents' ability to control emotion contributes to a strong self-perception and enables an individual to manage emotions, especially expressions, in social settings. Furthermore, individuals who have demonstrated adequate control of emotions end up becoming "pro-social," is not easily pressured and develops empathy.

Emotional intelligence applies to recognizing both personal emotions and the emotions of others. Children begin inferring others' emotions from infancy through facial expression, tone of voice, and posture. This ability to interpret non-verbal and social cues contributes to an overall social competence, which refers to an individual's skill set in managing interpersonal relationships. In addition, self-regulation is the ability to control behavior in response to a situation and enables an individual to "sustain attention, control impulses, and delay gratification." As a result of self-regulating, students have proven to become socially and academically successful. In contrast, individuals with learning disabilities are challenged by recognizing emotions and in turn are impaired towards peer relationship and social success.

**Student Self-Awareness**

- Do they understand their emotions as they happened? Do they feel them physically?

- Do they recognize the impact of their behavior on others?
- Are they able to describe their emotions in specific situations?
- Do they realize and admit their contribution in creating a difficult circumstance?
- Do they know who and what pushes their buttons?

**Student Self-Regulation**

- Do they handle stress well?
- Do they embrace change early on?
- Do they resist the desire to act or speak when it will not help the situation?
- Do they avoid doing things when upset which you might regret later?
- Do they tolerate frustration without getting upset?

**Student Social Awareness**

- Do they recognize other people's feelings?
- Do they demonstrate empathy?
- Do they understand body language?
- Do they understand non-verbal communication cues?
- Do you accurately pick up on the mood of a person or a room?
- Do you listen well and hear what the other person is really saying?
- Are you withdrawn in social situations?

**Student Relationship Management**

- Do they show others that they care what they are going through?
- Do they handle conflict effectively?
- Do they listen effectively and communicate clearly?
- Are they open to other people's perspectives?
- Do they describe their feelings to others?

**Empathy and Emotional Intelligence**

- Cornerstone of emotional intelligence.
- The two critical parts to empathy are the ability to understand that the individual has a problem and the ability to communication sincere concern.

Empathy is one of the most important emotions our children need.

Elaboration: Empathy is the ability to interpret and appropriately respond to another's emotions and concerns and is acquired through building on traits such as, tolerance, compassion, and discerning between right and wrong.

Ways to encourage students to build empathy are: demonstrating appropriate behaviors through thoughts, words, and actions; participating in service-oriented organizations that focus on issues "larger than yourself"; help build a student's emotional vocabulary so that they may feel comfort and confidence in conveying thoughts and feelings; teach social awareness so that young people may understand consequences of prejudice; talk

with and counsel a student so that he/she may feel compassion for others experiencing suffering.

**Empathy and Emotional Intelligence**

- It is acquired through building on traits such as tolerance, compassion, and discerning between right and wrong.
- Empathy leads to:
  - › Stronger, more meaningful relationships
  - › Success in the workplace (school)
  - › Better health and quality of life

When empathy is improved, we become better humans.

- Encourages teens to care for others.
- Empathy is the ability to trust others.
- Empathy is the ability to understand others.
- Empathy increases a person's emotional intelligence.

Imagine a world with no empathy. Tell me what the world with no empathy would look like.

**Signs of a Child with Low EQ vs High EQ**

Low EQ:

- Inability to read others
- Peer rejection
- Lack of self-control
- Aggression
- Social withdrawal
- Often perceived as annoying

High EQ:

- Sociable
- Positive relationships
- Little anger or sadness
- Spoken of favorably by teachers

Elaboration: Such emotional competencies and strong emotional developments formulate an individual's emotional intelligence. Often times, a child's EQ level is identifiable through behavior and response to outside influences. For example, students who show positive attitudes are spoken of more favorably by teachers and form positive peer relationships easily, as compared to students who demonstrate frequent moody emotions such as anger and sadness. Students who find it challenging to regulate their emotions often face peer rejection and demonstrate lack of self-control, aggression, anxiety, depression, and social withdrawal.

## Objective 1.2 – Define Executive Function

Elaboration:

- The **frontal lobe** is the part of the brain that controls important cognitive skills in humans, such as emotional expression, problem solving, memory, language, judgment, and sexual behaviors.
- Full brain development not achieved until mid-20s.
- The brain is an organ of behavior – both overt behavior and consciousness are manifestations of the work of the brain.
- As the name implies, the frontal lobe is located near the front of the head, under the frontal skull bones and near the forehead. It was the last region of the brain to evolve, making it a relatively new addition to the structure.
- People with frontal lobe damage often struggle with gathering information, remembering previous experiences, and making decisions based on this input.
- Some of the many other functions the frontal lobe plays in daily functions include:
- **Speech and language production**: Broca's area, a region in the frontal lobe, helps put thoughts into words. Damage to this area can undermine the ability to speak, to understand language, or to produce speech that makes sense.
- **Some motor skills**: The frontal lobe houses the primary motor cortex, which helps coordinate voluntary movements, including walking and running.
- **Comparing objects**: The frontal lobe helps categorize and classify objects, in addition to distinguishing one item from another.
- **Forming memories**: Virtually every brain region plays a role in memory, so the frontal lobe is not unique. However, research suggests it plays a key role in forming long-term memories.
- **Understanding and reacting to the feelings of others**: The frontal lobe is vital for empathy.
- **Forming personality**: The complex interplay of impulse control, memory, and other tasks helps form a person's key characteristics. Damage to the frontal lobe can radically alter personality.
- **Reward-seeking behavior and motivation**: Most of the brain's dopamine-sensitive neurons are in the frontal lobe. Dopamine is a brain chemical that helps support feelings of reward and motivation.
- **Managing attention, including selective attention**: When the frontal lobe cannot properly manage attention, then conditions, such as attention deficit disorder (ADHD), may develop.
  - Brain is an organ of behavior—both overt behavior and consciousness are manifestations of the work of the brain.
  - Different regions of the brain regulate different functions. Our thoughts, behaviors, and emotions are the result of how the different parts of the brain work together to process information and memories.
- Provides for logic and understanding of consequences.
- Governs impulsivity, aggression, ability to organize thoughts, and plan for the future.

- Controls capacity for abstraction, attention, cognitive flexibility, and goal persistence.
- The frontal lobe is the part of the brain that controls important cognitive skills in humans, such as emotional expression, problem solving, memory, language, judgment, and sexual behaviors. It is, in essence, the “control panel” of our personality and our ability to communicate.
- The “prefrontal cortex” area of the frontal lobe is one of the last areas to mature.
- It matures through experience and practice, teens can reason better, develop more impulse control, and make better judgments.
- Increased need for structure, mentoring, guidance.

**Executive Function**

- Affects every part of our everyday lives, including our sense of self, our performance, and social interactions.
- Executive function is a set of mental processes that helps connect past experience with present action.
- Executive processes (voluntary behavior such as decision making, planning, problem-solving, and thinking), voluntary motor control, cognition, intelligence, attention, language processing and comprehension and many others.
- The eight key Executive functions are Impulse control, Emotional Control, Flexible Thinking, Working Memory, Self-Monitoring, Planning and Prioritizing, Task Initiation, and Organization.

**Examples of Executive Function**

- Problem solving skills and abilities.
- Planning from the beginning to the end.
- Using past knowledge when planning for novel situations.
- Seeing the future goal.

**Brain Development Timeline - Brain Development Time-Line Graphic**

- Unlike IQ, which does not change significantly over a lifetime, our EQ can evolve and increase with our desire to learn and grow.

Elaboration: Recent brain research indicates that birth to age three are the most important years in a child's development.

The early childhood years are a period of rapid change in the brain. During early and middle childhood, the brain forms and refines a complex network of connections in the brain through synaptogenesis, pruning, and myelination.

Adults think with the prefrontal cortex, the brain's rational part. This is the part of the brain that responds to situations with good judgment and an awareness of long-term consequences. Teens process information with the amygdala. This is the emotional part.

**The Adolescent Brain-Video: Neuroplasticity**
https://youtu.be/ELpfYCZa87g

Elaboration: The video will provide insight on how the brain is capable of changing throughout a person's life. Explains how we all have the ability to learn and change by rewiring our brains.

- Full brain development is not achieved until mid-twenties.
- At puberty, pruning process (lose what you don't use).
- Motor and sensory areas are quite sophisticated.
- Decision-making (important for impulse-control and emotional regulation) areas remain underdeveloped.

Elaboration: Until reaching full cognitive development, adolescents process emotions through a different part of the brain than adults, which can produce emotional misinterpretations. For example, teens are likely to misinterpret non-verbal cues such as body language and facial expression. To avoid further miscommunications, adults can help teens by explaining a break down of what they really mean rather than assuming a teen understands based on short communication and body language.

## Objective 1.3 – Explain the differences between self, self-concept, and self-esteem.

Elaboration: As SBLE, understanding the brain and typical child development help you identify where your students ae in their personal growth. Another area to be familiar with is how the student identifies themselves. We do that by better understanding self, self-concept, and self-esteem.

**Self**

Self → the combination of physical and psychological attributes that is unique to each individual.
*We are not sure if infants are born with a sense of "self."
Self-concept → one's perception of one's unique attributes or traits.

- The relational self is defined by our relationships with significant others.
- The individual self consists of attributes and personality traits that differentiate us from other individuals. Examples include introversion or extroversion.

***INSTRUCTOR NOTES:***
***Ask the class:***

- ***How does the self-concept develop?***
- ***How do children and adolescents figure out who they are?***
- ***What are the significant differences between age groups in the concepts of self-recognition, self-behavior and self-esteem?***

**Self-Concept**

- Self-concept – one's perception of one's unique attributes or traits.
- At its most basic, self-concept is a collection of beliefs one holds about oneself and the responses of others.

Self → the combination of physical and psychological attributes that is unique to each individual.
*We are not sure if infants are born with a sense of "self".
Self-concept → one's perception of one's unique attributes or traits.

- Self-concept tends to be more malleable when people are younger and still going through the process of self-discovery.
- Self-concept is generally thought as one's individual perceptions of one's unique attributes or traits.
- It embodies the answer to the question, "Who am I?"

At its most basic, self-concept is a collection of beliefs one holds about oneself and the responses of others. It embodies the answer to the question "Who am I?"

- It is essentially a mental picture of who you are as a person.
- Self-concept is composed of two key parts: personal identity and social identity.

Examples of Self-Concept:

- One thinks she is very generous to other people.

- One thinks he is stubborn.
- One thinks he is a valuable asset to the company.
- One thinks other people see him as lazy.
- One might think she is good in academics but not in sports.
- One might think he is very selfish.
- One might describe himself as very energetic during the weekends but sluggish during the weekday.
- One might think she is a great mother to her kids and a wife to her husband.
- One might think she is always neat and orderly.

**Self-Esteem**
One's evaluation of one's worth as a person based on an assessment of the qualities that make up the self-concept.

- Refers to how much you value yourself.
- A number of factors can impact self-esteem, including how we compare ourselves to others and how others respond to us.

Elaboration**:** Too little self-esteem can leave people feeling defeated or depressed. It can also lead people to make bad choices, fall into destructive relationships, or fail to live up to their full potential.

- When people respond positively to our behavior, we are more likely to develop positive self-esteem.
- When we compare ourselves to others and find ourselves lacking, it can have a negative impact on our self-esteem.

A grandiose sense of self-esteem, as exhibited in narcissistic personality disorder, can certainly be off-putting to others and can even damage personal relationships.

**Social Factors in Developing Self-Esteem**

- Peer Interactions - Their influences on self-esteem
- Parenting Styles - Their influences on self-esteem
- Culture & Ethnicity - How it can affect development of self-esteem in children and adolescents.

**Elaboration:** Learning emotional display rules compliments the ability to regulate emotions and allows individuals to determine what emotions are socially acceptable to express. Being able to pick up on emotional display rules early on allows an adolescent to control his or her emotions, such as disappointment by receiving an unwanted gift.

Developing emotional regulation begins at home and accelerates once a child enters grade school where teachers and peers influence what emotions and behaviors an individual perceives as acceptable. Research suggests that adolescents' ability to control emotion contributes to a strong self-perception and enables an individual to manage emotions, especially expressions, in social settings. Furthermore, individuals who have demonstrated adequate control of emotions end up becoming "pro-social", is not easily pressured and develops empathy.

**Signs of Healthy Self-Esteem**

- Confidence
- Ability to say no.
- Positive outlook.
- Ability to see overall strengths and weaknesses and accept them.
- Negative experiences don't impact overall perspective.
- Ability to express your needs.

Self-esteem can play a significant role in motivation and success throughout life.

Low self-esteem may hold a person back from succeeding at school or work because they don't believe themselves to be capable of success.
Having a healthy self-esteem can help one achieve because they navigate life with a positive, assertive attitude and believe they can accomplish their goals.

**Signs of Low Self-Esteem**

- Negative outlook
- Lack of confidence
- Inability to express your needs
- Focus on your weaknesses
- Excessive feelings of shame, depression, or anxiety
- Belief that others are better than you
- Trouble accepting positive feedback
- Intense fear of failure

**Self-Concept vs Self-Esteem – Discussion**

- Differences and nuances of the terms – self-concept requires reflection on one's own self and behavior while self-esteem is the general attitude toward yourself.
- Self-esteem → one's evaluation of one's worth as a person based on an assessment of the qualities that make up the self-concept.
- Differences → Self-concept requires reflection on one's own self and behavior while self-esteem is the general attitude toward yourself.

**Achievement Motivation and Academic Pursuits**

How these concepts develop and their impact(s) on self-esteem and self-concept of children and adolescents

- › Achievement Motivation Stages
    - Mastering Challenges
    - Seeking Approval
    - Comparison Seeking

Elaboration: *Many 3-year-olds are highly motivated to master challenges and can take pride in their accomplishments.

Mastering challenges →efforts to master tasks, achieve excellence, perform better than

others. Motive to explore, understand, and control one's environment.

Seeking approval→seeking approval from others. Seek recognition when mastering challenges and expect disapproval when failing.

Comparison seeking → comparing performance with others.

## Objective 1.4 – Define Temperament and recognize temperamental traits.

Defined as "a person's characteristic modes of responding emotionally and behaviorally to environmental events, including such attributes as activity level, irritability, fearfulness, and sociability."

Elaboration: Temperament can often be described as a type of coping mechanism and focuses on the patterns of how a person self-regulates and responds to changes from internal and external environments.

Temperament is the way you tend to behave or the types of emotions you tend to exhibit. When a person is calm and collected and doesn't tend to get mad easily, this is an example of a person with a calm temperament.

- Research has formulated common traits and types of temperaments in determining a child's temperament. These types and traits correlate with one another in response to the reactivity of basic emotions and regulation.
- Activity refers to a child's style of activity level; is the child constantly active and moving or is he/she more relaxed?
- Rhythmicity evaluates a child's regularities in daily tasks such as eating and sleeping.
- Approach and withdrawal regards an individual's behavior when meeting, or never meeting, a stranger – does the child avoid meeting new people or shy away from new people or things?
- Adaptability questions the child's adjustment ability when introduced to new plans or changes in routines.
- Intensity refers to an adolescent's reaction towards situations; does he or she react positively or negatively, calmly or quietly?
- The mood of an adolescent determines whether he or she express optimistic or pessimistic views and the consistency, or lack thereof, one's mood.
- Persistence and attention span refers to the length of time an individual's attention can be held or does the mind tend to get distracted? Does the individual push through issues or quit?
- Distractibility expands more on attention span in determining to what extent a child is becomes distracted or shuts out distractions.
- Sensory threshold refers to how bothersome outside stimuli tend to be for an individual such as, loud noises, bright lights, and food textures.

**Temperament Types**

- Easy or flexible - are adaptable, positive in mood, and interested in new experiences; they get along well with others and are outgoing and friendly.
- Stubborn, active, or feisty - tend to be intense, low in adaptability and negative in mood, as well as negative in their response to newness.

Elaboration: Once an individual's traits are analyzed, a temperament type is determined.

Easy or flexible children tend to be calm, happy, and regular in sleeping and eating patterns, adaptable, and overall, not easily upset. This temperament style requires that parents and adults initiate communication when noticing potential frustrations or hurts in the child, otherwise the child will not open up about his or her feelings. Stubborn, active, or feisty children demonstrate signs of irritability, irregularities in sleeping and eating habits, are skeptical of new people and situations, and are generally intense in their reactions to outside influences. Encouraging additional activity to exert stored up energy, offering the opportunity to choose, and preparing the child for times of transition allows the individual to be successful.

- Slow to warm up or cautious - appear to be inactive and meticulous and often withdraw or react negatively to new situations but over time, adopt a positive outlook to repeated exposure to what was once a new situation.

Initially, slow to warm up or cautious children appear to be inactive and meticulous and often withdrawn or react negatively to new situations but over time, adopt a positive outlook to repeated exposure to what was once a new situation. Offering patience and consistency with routines will allow a child to develop independence.

**How Understanding Temperament Helps Children in School**

- In school they must adapt to new demands, to new adults, and to many different children.
- They must learn to follow complex rules in the classroom and on the playground.
- They must learn that their personal wishes and needs are not always a priority.
- Their temperament helps to understand why they respond the way they do.

Achievement in school is obviously related to a child's ability, to his motivation, to his experiences, and to the quality of instruction he receives.

Achievement is also related to temperament. Consider how a child must adapt to a reading or math assignment, especially if the assignment is long and demanding. The child must "settle down," focus energy and attention, adapt to new directions, resist distraction, and persist, even when the task may be boring or difficult.

**Question**
How does understanding and recognizing a student's temperament impact your police response as an officer?

## Objective 1.5 – Identify the different types of aggression.

**Aggression**

- Aggression during early childhood is not taken seriously and is often considered a part of growing up.
- To understand this, one needs to examine the central theme of aggression, individual versus social-cultural aspects of aggressive behavior, and the meaning of aggression.

**Definitions and Development of Aggression**

- Aggression: An action or behavior *intended* to harm another living being whose desire it is to avoid this treatment.
- In high school, aggression can be found in every group of students.

Notice in the definition of simple **aggression** that it is the *intent* to harm the other individual that categorizes the behavior as aggression. We've all seen instances where clowning around resulted in unintentional injury.

However, this unintentional injury is not aggression. It is this *intent* to single someone out *to do them harm* that classifies the behavior as aggression.

**Assumptions of Aggression**

- There are very normal developmental trends of aggression in children.
- Problematic expression of aggression is related to poor self-regulation.
- Aggression starting at an early age continues throughout development.

Elaboration: It's important to remember that there are developmental stages of aggression in children and these trends are very much a part of age-appropriate behavior. What may be surprising to you is the age at which aggression can first be detected. Let's begin with a look at these developmental milestones.

**Types of Aggression**

- Hostile Aggression - an act of aggression with the sole intent being to harm another person.
- Instrumental Aggression - an act of aggression committed against another person with an additional goal in mind such as stealing lunch money.

There are two types of aggression. One is **hostile aggression**. This occurs when the only motivation is to cause harm to the other human being. The aggressor does not want anything from the individual. The sole motivation is to hurt or harm that person. This type of aggression is often spontaneous and without forethought.

The second type of aggression is **instrumental aggression.** The intent is still to do harm but to do so with a goal in mind. The victim generally has something the aggressor wants, and the aggressor is going to get it through intimidation and causing harm. Instrumental aggression is often planned in advance and is more calculated than hostile aggression.

A single act can be **both** hostile and instrumental aggression. Think of siblings playing ball. One child gets angry with his brother and hits him. When the brother cries, the aggressor teases him and grabs his new basketball. Clearly this is hostile aggression. But, when the aggressor decided to capitalize on his brother being momentarily incapacitated by taking the ball, it became instrumental aggression as well.

Aggression and Gender

- When comparing aggression in girls and boys research indicates:
  - › Boys exhibit more physical aggression due in part to:
    - Parental behavior and expectations
    - Toys such as guns, tanks, other weapons
    - Testosterone

Elaboration: It's interesting that we find this clear-cut difference in aggression between the genders regardless of the country of residence, or whether they live in the country or the city. Boys and men are simply more aggressive. It's universal.

**Parental Behavior and expectations** certainly contribute. Parents, especially fathers, play rougher with their sons. Additionally, there is an expectation for girls to behave "like ladies." However, we do not see one-year-old boys behaving more aggressively than their girl counterparts. In fact, girls seem to be more aggressive until around age three. This is about the time that children begin playing with gender-specific toys and are rewarded by parents for being a "tough big boy" or a "pretty princess."

**Toys** such as guns, tanks, swords, etc. encourage rough play. This could promote aggressive behavior.

**Testosterone**, the male hormone, certainly may contribute to this difference. Around middle school, boys tend to expect some type of benefit from aggressive behavior such as admiration from peers or deflecting attention away from a poor grade.

**Could we be missing some feminine aggression?** It is possible that those measuring aggression only measure the more brazen aggression of boys and men and overlook the more surreptitious aggression that we see in middle school girls. Anyone who has seen the movie *Mean Girls* understands the aggression that takes place among adolescent girls. It's mean-spirited and can be extremely subtle.

**From Aggression to Antisocial Conduct and Relational Aggression**

- Openly aggressive behavior decreases in both genders from age 9 through the

teen years.

- Teenage boys begin antisocial behavior such as abusing drugs, stealing, and skipping school.
- About 15% of all 17-year-old boys have been arrested.

Teenage boys who showed aggressive behavior as an adolescent begin antisocial behavior such as abusing drugs, stealing, and skipping school earlier than aggressive girls.

**Aggressive Trends**

- A non-aggressive child is likely to become a non-aggressive adolescent and adult.
- A child who is moderately aggressive is likely to engage in antisocial conduct later in life.
- A highly aggressive child tends to become a highly aggressive adult who engages in violent behavior that results in arrests.

Many studies done over the years reflect that aggressiveness is a stable characteristic. If a child is non-aggressive as an early elementary student, he/she will likely not behave aggressively throughout his life.

Likewise, a moderately aggressive child will likely engage in some antisocial behavior in adolescence or adulthood. The degree of aggressiveness tends to remain stable over a long period of years.

The highly aggressive child—and remember, this is only about 3% of children—is likely to become a violent individual often times physically harming their spouses or children later in life. The frequently are convicted of crimes.

**Controlling Aggression in Children**

- Non-Aggressive play environments with plenty of room and resources reduce aggression.
- Eliminating payoffs for aggressive behavior promotes pro-social conduct.
  - Ignore all but the worst behaviors. (Do not focus solely on the minor behaviors.)
  - Respond to more challenging behaviors.
  - Praising pro-social, cooperative behavior.
- Promoting social-cognitive interventions can help.

Choosing your battle; hold kids accountable; eliminating payoffs. (Contain it, control it, shut it down.)

By creating **non-aggressive play environments**, aggression can be reduced. This requires plenty of resources such as toys, books, and play space. If financial resources are limited this can be difficult but with creativity such as assigning young children to

certain play areas on a rotational basis, a decrease in aggression can still be accomplished.

Also, **eliminating payoffs** for aggressive behavior by ignoring all but the worst offenses and praising pro-social, cooperative behavior will lower the aggressive behavior in a classroom. By doing this, it becomes easier to gain praise by behaving than by escalating bad behavior.

**ELABORATE ON SOCIAL-COGNITIVE INTERVENTIONS** – Very aggressive children benefit from **social-cognitive interventions**. By teaching them strategies to resolve conflicts by peaceful means, to control their anger, to look for the best in others, and to put oneself in another's place, they learn that there are alternatives to aggressive behavior.

**The Home: Where is the Aggression Coming From?**

- Parents' behavior toward each other affects children's behavior.
- A coercive home environment influences aggression in children
- Negative reinforcement contributes to aggression in children.

Elaboration: **Parental fighting** is very upsetting to children and the aggressive behavior the parents demonstrate toward each other becomes a model for how the children learn to resolve conflicts. As children see more of this aggressive behavior, their behavior becomes more aggressive.

To continue this vicious, aggressive cycle, **children's aggressive behavior** elevates chaos in the home causing more stress on the parents who then argue even more. This creates a **coercive home environment**, which is a home in which constant bickering and aggression take place. It is a home where peaceful conflict resolution is not practiced.

**Why are Adolescents so Vulnerable?**

- Adolescence is a period of rapid changing of the brain and life changes.
- Structural changes.

**Why are Adolescents so Vulnerable? - continued**

- Behavioral changes:
  - Adolescents – mood regulation, romantic interests, changes in sleep/wake cycles, risk taking.
- Emotional changes:
  - Emotional intensity, romantic interests, risk taking.

**Why are Adolescents so Vulnerable? - continued**

- Cognitive changes:
  - Self-control, problem solving, and long-term planning are more related to increasing age and experience.

**Disconnect Between Physical and Emotional Changes in Adolescents**

- During this period of rapid change, adolescents are not yet able to make rational decisions in the face of intense emotional and motivational states.
- They are self-critical, have low inhibition control, and emotion-focused coping.
- **"Starting the engines with an unskilled driver."**

**Summary**

- Adolescence involves the maturation of self-regulation of behavior and emotions—teens need to learn how to navigate complex social situations under conditions of strong emotions – such as:
  - social anxieties, romantic relationships, academic pressures, desires for immediate gratification vs. long term goals, moral dilemmas, and success/failure
- As adults we must help them by providing positive role models, safe environments and accountability.
- With experience, teens are able to temper their emotional reaction with more rational, reasoned responses—they are able to "apply the brakes" to emotional responses.
- During this time of development, teens need adult mentors and role-models who demonstrate how to make good decisions and how to control emotions.
- Teens are not adults—Brain development is not complete.
- Teens are operating from the emotional/impulsive/reward-oriented part of the brain.
- Communication is a complicated process.
- Technology is transforming the world.
- Disparities between knowing/feeling and understanding/behaving.
- Some of the most important changes in the brain occur between the ages of 10-20
- Changes include remodeling of the frontal lobes – planning for the future, decision-making, controlling impulses, thinking about consequences.
- Good news that we can help shape healthy teen brains by creating healthy environments.
- Bad news is poor decision-making during teen years, like heavy drinking, could affect the rest of one's life.
- No doubt that alcohol/drugs are bad for developing brains.

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## Section 2:

Mental Health and Crisis Intervention
(4 hours)

**2.0 Unit Goal: Discussion of the mental illness crisis and intervention in children and adolescents, the significance in society and how it relates to the School-Based Law Enforcement and School Resource Officer.**

Mental health is a key component in a child's healthy development; children need to be healthy in order to learn, grow, and lead productive lives. The mental health service delivery system in its current state does not sufficiently meet the needs of children and youth, and most who are in need of mental health services are not able to access them.

**Objectives:**

2.1 Define mental health and gain a better understanding of the mental health status in our schools.

2.2 Recognize warning signs and symptoms of Mental Health Issues in students.

2.3 Recognize warning signs of suicidal ideations and behaviors and how to respond.

2.4 Define bullying, gain a better understanding of bullying, why people bully and how to identify common bullying tactics.

## Objective 2.1 – Define mental health and gain a better understanding of the mental health status in our schools.

**Video - Stories of Hope**
https://www.youtube.com/watch?v=4Zuo88K2Gdc

**Mental Health Discussion**
What Do You Think This Statement Means?
**"THERE IS NO HEALTH WITHOUT MENTAL HEALTH"**

**What Does "Mental Health" Mean?**
**"THERE IS NO HEALTH WITHOUT MENTAL HEALTH"**

- Mental health encompasses overall social, emotional, and behavioral health.
- It is the ability to cope with life's challenges and difficult circumstances.
- It is not necessarily a diagnosis, but rather a temporary state of one's health.

Mental health is determined by many complex and related reasons all of which can interact to determine the state of our mental health.

Children come to school each day with more than their lunch and backpack. They bring a myriad of life factors that shape their learning and development. These influences range from family issues, health, and culture to behavior, learning style, and abilities. Virtually all are related to mental health.

Although historically mental health has been viewed through the lens of mental illness, (e.g., depression, schizophrenia, bipolar disease), we have come to recognize that good

mental health is not simply the absence of illness but also the possession of skills necessary to cope with life's challenges. As educators we need to understand the role mental health plays in the school context because it is so central to our students' social, emotional, and academic success.

School-based mental health services are provided by a wide range of professionals -- counselors, psychologists, clinical social workers, marriage and family therapists, and psychiatrists, teachers, SRO's and Administrators. Their services include prevention-focused activities to create a healthy school environment, selective interventions with groups of students whose circumstances place them at higher risk for emotional or behavioral health problems, as well as diagnosis and treatment of individual students with specific health needs. Areas of particular interest within the school-based mental health field include school safety, prevention initiatives, substance abuse treatment, and financing mental health services.

**Defining Mental Health**
Positive mental health in childhood is characterized by the achievement of development and emotional milestones, healthy social development, and effective coping skills, such that mentally healthy children have a positive quality of life and can function well at home, in school, and in their communities (Perou, R., et. al. 2013).

**The Truth About Mental Illness**

- Anyone can have a mental illness regardless of age, gender, or socio-economic status (SES).
- More common than cancer, diabetes, and heart disease.

**Mental Health Influences How We:**

- Think and feel about ourselves, our future, and others.
- Interpret events.
- Are able to learn.
- Communicate.
- Form, sustain, and end relationships.
- Cope with change, transition, and life events.

The growing crisis around students' mental health, and the scarcity of available care, has long been a concern of many educators and health professionals. Interest among lawmakers, however, is a relatively new trend, sparked primarily by the spate of mass shootings. There is also a growing awareness of the stress and anxiety gripping so many teenagers, the role of trauma in their lives, overdue scrutiny over punitive school discipline policies, and the devastating effects of poverty.

**Implications of Student Mental Health on School Safety**

- Mental illness most often develops during adolescence however most individuals don't seek help until adulthood.
- Children living with mental health illness are 3x's more likely to be arrested before leaving school than other students.

**Implications of Student Mental Health on School Safety - continued**

- Mental health issues have been associated with substance use, criminal behavior, and other risk-taking behaviors.

**Implications of Student Mental Health on School Safety - continued**

- Being at risk for mental health problems in first grade leads to a 5% drop in academic performance in just two years.
- Since the pandemic.

**Implications of Student Mental Health on School Safety - continued**

- One in five youth live with a mental health condition, but less than half of these individuals receive needed services.
- Undiagnosed, untreated, or inadequately treated mental health conditions can affect a student's ability to learn, grow and develop.

**Why Mental Health in Schools?**

- Mental health is directly linked to educational outcomes.
- Schools are the optimal place to develop psychological competence and to teach children about making informed and appropriate choices concerning many aspects of their lives.

**Why Mental Health in Schools? - continued**

- Schools are the best places to integrate and to coordinate the efforts of school staff, families, mental health service providers, and administrators to foster the mental health of students.
- Eliminates problems of transportation, accessibility, and stigma so those are minimized when such services are provided in schools.

## Objective 2.2 – Recognize warning signs and symptoms of Mental Health in students.

**Recognizing Mental Health Problems**

- You may come across people who you think might be experiencing more than just low wellbeing but may be developing a mental health problem.
- Just as we can develop problems with our physical health, mental health problems will be experienced by many of us over the course of our lives.

**Recognizing Mental Health Problems - continued**

- The first signs of mental health problems will differ from person to person and are not always easy to spot.
- There are risk factors we can learn to identify.
- There are signs and symptoms specific to mental health.

**Factors That Can Increase Risk for Youth**

- Certain factors may increase the risk for developing a mental illness including:
    - Exposure to stressful life events/abuse/trauma/difficult or abusive childhood
    - Ongoing stress and anxiety

**Factors That Can Increase Risk for Youth - continued**

- Medical conditions and hormonal changes/chemical imbalance
- Side effects of medication/substance misuse and sensitivity
- Illness that is life threatening, chronic, or associated with pain.

**Factors That Can Increase Risk for Youth - continued**

- Previous episode of a mental health crisis.
- Environmental factors.
- Social isolation.
- Chronic illness / pain.

***INSTRUCTOR NOTES:***
***Ask the class: what impact doe you think these situations have on our students?***

**The Mental Health Continuum - Visual**
Life can be described as a continuum that we all move along - Our mental health is better at sometimes than others.

Still, the term mental health is often confused with the term mental illness. These two are opposite ends of one spectrum. Everyone has a state of mental health, and that state changes throughout life.

Continuums in Mental Health: Personality traits, emotions and mental health problems exist along a continuum.

Continuums exist in many areas of life.  E.g. A scale from hot to cold, from wet to dry, from happiness to sadness, from anxious to calm, from sadness to the mental health problem depression. Even within mental health problems there are continuums, e.g. mild to moderate to severe depression/anxiety/psychosis/eating disorders.

Continuums imply two important points about mental health problems –

1. Anyone can experience them because they are the extreme of a continuum that all individuals lie on. They are not something separate or special.
2. There are differences between individuals in their personality, emotions, and mental health problems (this is highlighted when students marked different points on the continuum on the board).

**Warning Signs and Symptoms of Mental Health Issues**

- Signs and symptoms of mental illness can vary depending on the circumstances and other factors.

- Any behavior that is out of the norm for that person over an extended period of time and impacts daily living and decision making.

***INSTRUCTOR NOTES:***
***Signs and symptoms of MH can vary depending on the circumstances and other factors.***

There are a variety of signs and symptoms that may indicate a child or adolescent is struggling with one of the mental health concerns noted earlier.

These symptoms can point to mental health issues or even the existence of a mental health disorder.

Troubling thoughts and feelings = Pandemic, self-worth, and stress.

**Warning Signs and Symptoms of Mental Health Issues - continued**

- Warning signs can include:
  - Troubling thoughts and feelings
  - Changes in behavior
  - Increase in problem behaviors
- Troubling Thoughts and Feelings:
  - Sadness / worthlessness.
  - Anger / hostility / guilt.
- Fear of inability to control their thoughts.
- Sad and hopeless for no reason, and these feelings do not go away.
- Very angry most of the time and crying a lot or overreacting to things.
- Frequent feelings of being worthless or guilty.
- Excessive feelings of anxiety or worry.
- Unable to get over a loss or death of someone important
- Extremely fearful or having unexplained fears.
- Constantly concerned about physical problems or physical appearance.
- Frightened that his/her mind either is controlled or is out of control.
- Suicidal thoughts
- Changes in Behavior:
  - Showing declining performance in school.
  - Changes in sleeping or eating patterns.
  - Wanting to be alone all the time.
  - Increase in off task behavior.
- Showing declining performance in school
- Losing interest in things once enjoyed
- Experiencing unexplained changes in sleeping or eating patterns
- Avoiding friends or family and wanting to be alone all the time

- Daydreaming too much and not completing tasks, an inability to sit still or focus attention
- Feeling life is too hard to handle, experiencing suicidal thoughts
- Rude and impatient
- Lack of empathy
- Increase in Problem Behaviors:
  - Alcohol consumption or substance use.
  - Unhealthy dieting and exercise.
  - Engaging life-threatening activities.
- Increase in discipline referrals
- Unhealthy relationships
- Defiant, confrontational
- Skipping school
- Aggressive behavior

**Activity #1 (Group Discussion) – Case Study: Sara**

Sara, who is 13 years old, often gets into trouble at school for talking back to teachers and getting into arguments with other students in her class. Her teachers have noticed a decline in her schoolwork. Sara reports being unable to sit still and concentrate on her work. Sara has been placed in ISS several times and is now labeled a “troublemaker.” She responds angrily to any kind of correction or criticism from adults or peers and begins to cry when she gets angry.

Share your initial thoughts about Sara.

During elementary school, Sara was reportedly a good student who rarely got in trouble. Sara is now a 7th grade student at a local middle school and has been recently placed in the foster care system. She was placed in foster care because she was physically abused by her stepfather and neglected by her mother. Sara can be even-tempered at times, but most of the time she is quick to anger and often has outbursts where she will yell at others and then burst into tears.

When you know the whole story, does your idea of Sara change?

Discuss the following: *(Updated)*

- Identify the signs of mental health challenges.
- Identify changes in behavior.
- Identify resources that would support Sara.
- Describe how you may build rapport with Sara.
- What might be some barriers in responding to Sara.

TIMING: 1-5 MINUTES
Have the participants work independently and determine the warning signs in Case Study #1. Think about the following questions as you work through the case study.

Explain to class you will choose 2 students to share. Ask class to raise their hand** if they are willing to share and call on those 2 people.

**Go to the "Participant" tab at the bottom of your screen to Raise Your Hand.

## Objective 2.3 – Recognize warning signs of suicidal ideations and behaviors and how to respond. *(Updated)*

**Mental Health Concern – Suicide** *(all stats updated)*
According to the CDC (Center for Disease Control), suicide is a significant problem in the United States:

- Suicide is the 2nd leading cause of death among persons aged 10-14 years of age.
- In 2020, 45,979 people died by suicide in the United States.
- That is 1 death every 11 minutes.

**Mental Health Concern – Suicide - continued**

- Males are almost four times more likely than females to die from suicide.
- Females are more likely to express suicidal thoughts and to make non-fatal attempts than males.
- Suicide rate among males in 2020 was 4 times higher than females (22 males per 100,000; 5 females per 100,000).

**Suicide Statistics in the U.S.**

- The age-adjusted suicide rate in 2020 was 13.48 per 100,000 individuals.
- Between 1999 and 2019, the suicide death rate increased 35%.
- 12th leading cause of death in the United States.
- In 2020, 1.20 million people attempted suicide.

**Tween and Teen Suicide Statistics**

- Suicide attempts peak between 16 and 18 years of age.
- The rate of suicide attempts is highest during adolescence.
- In 2020, 6,062 people ages 15-24 died by suicide.

**Texas Suicide Stats**

- Suicide rates in Texas increased by 18.9% from 1999 to early 2020, the CDC reports.
- On average, 1 person dies by suicide every 2 hours in the state.
- 2nd leading cause of death among youth ages 15-34.
- In 2019, the number of deaths by suicide in Texas was 3,778.
- Suicide is the 11th leading cause of death for Texans.

**Video - Different Conceptualization of Suicide**
https://www.ted.com/talks/kevin_briggs_the_bridge_between_suicide_and_life?language=en

**Different Conceptualization of Suicide**

- What are some of the lessons learned from the video?

***INSTRUCTOR NOTES:***
***Takeaways from video: listening, vast majority do not want to commit suicide, anything else?***

*(Following information was condensed into 3 slides, chart added, and previous information put into Instructor Notes)*

**Warning Signs vs. Risk Factors**

- Warning signs indicate an imminent risk of suicide and may require prompt intervention.
- Risk factors indicate that someone is at heightened risk for suicide but indicate little or nothing about immediate risk.

**Identifying the Warning Signs and Risk Factors of Suicide**

| WARNING SIGNS | RISK FACTORS |
|---|---|
| Talking about wanting to die or to kill oneself. | Family history of suicide and/or mood disorder. |
| Talking about, writing about, or being obsessed with death-themed content. | History of suicide attempts and/or mental health disorder; exposure to suicide. |
| Increased use of alcohol and/or drugs. | History of alcohol and/or drug abuse. |
| Withdrawing from social interactions. | Isolation; feeling of being cut off from other people. |
| Talking about feeling hopeless or having no purpose. | Trauma - history of physical or sexual abuse; exposure to violence. |
| Extreme mood swings. | Stressful adverse life events. |
| Changes in regular routines. | Barriers to accessing mental health treatment. |
| Scars or wounds from self-inflicted injuries or unexplainable injuries. | Starting or stopping treatment with anti-depressants; withholding treatment. |
| Giving away belongings; getting affairs in order. | Easy access to lethal means. |

**Elaboration: Warning Signs**
**11 warning signs exhibited:** Most suicidal young people don't really want to die; they just want their pain to end. About 80% of the time, people who kill themselves have given definite signals or talked about suicide. The key to prevention is to know these signs and what to do to help. Watch for these signs: they may indicate someone is thinking about suicide. The more signs you see, the greater the risk.

- Talking about or hinting at suicide; saying things such as, "I am just going to kill myself," or "I might as well just end it all," or "I won't be causing you problems much longer," or "I won't be here to worry about it," etc.
- Talking about, writing about, or being obsessed with "death-themed" content.
- A previous suicide attempt.

- Current talk of suicide or making a plan
- Strong wish to die or a preoccupation with death.
- Giving away prized possessions
- Signs of depression, such as moodiness, hopelessness, withdrawal
- Increased alcohol and/or other drug use
- Hinting at not being around in the future or saying good-bye
- These warning signs are especially noteworthy in light of a recent death or suicide of a friend or family member.
- These warning signs are also noteworthy during recent break-up with a boyfriend or girlfriend.
- Conflict with parents
- News reports of other suicides by young people in the same school or community

Other key risk factors include:
- Readily accessible firearms
- Impulsiveness and taking unnecessary risks.
- Lack of connection to family and friends (no one to talk to)

What to do if you see the warning signs? If a teen mentions suicide, take it seriously. If he or she has expressed an immediate plan or has access to a gun or other potentially deadly means, do not leave him or her alone. Get help immediately.

If you notice a child/teen is more pre-occupied with death events, death "talk", the "afterlife", media events regarding death, certain types of death occurrences, this could be a sign they are contemplating or even very curious about events that occur around death experiences. Sometimes teachers might notice students writing about death or death as a reoccurring theme in their written stories, etc.

- Increased use of alcohol and/or drugs.
- Feeling helpless/hopeless and/or having no purpose.
- Withdrawing from social interactions, situations, and contact.

Alcohol and/or many drugs are depressants.  If a child is already having a hard time, upset about something or just overall very down, they think if they drink or do drugs, they will "forget about it" or will be able to go out and have fun, but often it can be a downward spiral and can feed into depression and feelings of hopelessness and shame.

Children/Teens who think they are going nowhere, feel they are boxed into a corner, have been shamed in some way on social media, are being bullied with no relief in sight, feel misunderstood or generally like they are unable to escape whatever bad circumstances they might be facing can see suicide as their only way out or their only option for escape.  It is essential to direct them to a place/person that they can actually get into the "solution" and try to make some active steps to solving problems and seeing some kind of light at the end of the tunnel.

Teen/children that begin withdrawing from their usual social circles could be indicating there are problems that they do not feel like they can handle. Often these problems could be in school, in their peer group or could even be based in some form(s) of social media.

- Extreme mood swings.
- Changing the regular routine – could be eating and/or sleeping patterns, no longer exercising, or doing things they enjoy.

Be on the lookout for children/teens that one day seem happy, might wear 'lighter" clothing, might smile more or just be in general happier and more active and then on any other given day might be dressed in some kind of disheveled way or somehow indicating in their dress that they do not care, or it just isn't worth it to put any effort in towards their appearance. Paired with days of depressive looking behaviors, withdrawn, frowning/scowling, not talking or interacting etc. These swings back and forth can be indicative of a problem.

When children seem to no longer care, no longer are in the homework routine, the routine of athletics, alter their home life/routine, are up all night, try to sleep all day, are no longer interested in food OR are OVERLY interested in food, this could be a sign of a problem.

- Acting aggressively, recklessly, and not being concerned with "normal" consequences of those behaviors.
- Giving away belongings or getting affairs in order when there is no other logical explanation for why this is being done. Might be like they are going away or on a long trip BUT that is not the case.

Reckless behavior, lack of fear of consequences for poor (or even illegal) behavior can be a sign of suicidal feelings. Obviously, someone that is not suicidal would have some concern over very risky behavior or some feelings of fear, but suicidal ideations remove the fear of consequences since "I may not be around anyway".

Children and teens contemplating suicide, once they really have some form of a plan or sincere idea of what they might do will write notes of appreciation, give things away that are significant to them, thank teachers/counselors, etc. This does not always occur, but if this behavior is noticed it should be taken seriously. This is usually a step reserved for once a plan or timeline for a suicidal attempt is in place.

- Major personality changes, severe anxiety, or extreme agitation.
- Scars or wounds from what look like self-inflicted injuries or unexplainable cuts, burns, etc.

As with other behaviors that have been mentioned, extreme agitation, anxiety, anger, etc. can be signs of suicidal feelings in children/teens. CHANGES is also key. It could be that a child is exhibiting what one might term "positive" behaviors – seems happier, resolute with some issues, and could even seem more at peace. That is because there is turmoil in the decision "Should I or should I not?" – "Will I or will I not?" and once the decision has been made, they are ironically more at peace.

Children/Teens that have suicidal ideations and/or feelings will often cut themselves, drag a knife across their skin, rub erasers until the skin is removed in places, burn themselves with lighters, matches, cigarettes and things such as that. These things can be viewed as little tests and inquiries about pain, hurting, being “brave enough” to complete the act of suicide.

**Risk Factors in Child and Adolescent Suicide:**

- Having a psychiatric disorder such as depression, anxiety, etc.
- A history of suicide attempts or a family history of suicidal behavior
- Exposure to suicide
- A family history of mood disorder
- Trauma:
  - A history of physical or sexual abuse
  - Exposure to violence such as being injured or threatened with a weapon.

According to Miller & Emanuele (2013) and other researchers:

Mental Disorders
Clinical researchers agree that suicidal behaviors among adolescents are clearly associated with diagnosable mental disorders (e.g., see Kovacs, Goldston, & Gatsonis, 1993; Lewinsohn et al., 1996). Psychological autopsy studies have reported greater than 90% of adolescent suicide victims with a mental illness at the time of their death, although younger adolescent suicide victims tend to have lower rates of mental illness, averaging around 60% (e.g., see Beautrais, 2001; Brent, Baugher, Bridge, Chen, & Chiappetta, 1999). Although a variety of mental disorders exist among adolescents who committed suicide, adolescents internationally are diagnosed with one of three classes of Axis I disorders: (a) affective and anxiety disorders, (b) disruptive and antisocial behavior disorders, or (c) alcohol and substance use disorders (e.g., see Fergusson & Lynskey, 1995; Gould et al., 2003).

Prior Suicide
Attempts It has become well established that a prior suicide attempt is one of the single most important predictors of completed suicide (Gould, Greenberg, Velting, & Shaffer, 2003), with a thirtyfold increased risk for boys and a threefold increased risk for girls (Shaffer et al., 1996). Numerous autopsy studies of adolescents who committed suicide have found high rates of previous suicide attempts, ranging between 10% and 44% (Marttunen, Aro, & Lönnqvist, 1992). Furthermore, in a study of adolescents who attempted suicide evaluated in an emergency department, researchers discovered 8.7% of the boys and 1.2% of the girls committed suicide within 5 years (Kotila, 1992).

Affective and Anxiety Disorders. Depressive disorders have been reported among adolescents who attempted suicide and those who committed suicide, ranging from 49% to 64% (Brent, Perper, et al., 1993; Shaffer et al., 1996), with rates highest among psychiatric inpatients (Spirito et al., 1989). Suicidal behaviors are common among adolescents with early-onset depressive disorders (Brent, Perper, et al., 1993). Kovacs

et al. (1993) found a four- to fivefold increase in suicidal ideation and behavior among adolescents with affective disorders compared with adolescents with other mental disorders. These statistics are noteworthy because the risk of developing a depressive disorder increases as one gets older but rises dramatically between ages 9 and 19 (King, 1997). In addition, although bipolar disorder is less prevalent among adolescents, it has been considered a significant risk factor in many studies (e.g., see Brent et al., 1988; Geller et al., 2002). Lewinsohn et al. (1996) identified anxiety disorders as a risk factor for suicidal behavior among adolescents. Goldston et al. (1999) reported trait anxiety to be predictive of post hospitalization suicide attempts, independent of mental disorder. In another study, investigators found that adolescents with a history of panic attacks were 3 times more likely to express suicidal ideation and 2 times more likely to report suicide attempts than those without a history (Pilowsky, Wu, & Anthony, 1999). Moreover, posttraumatic stress disorder has also been associated with adolescent suicidal behavior (Giaconia et al, 1995; Mazza, 2000).

Disruptive and Antisocial Disorders. Several researchers have suggested that most completed suicides by adolescents are impulsive, with only about 25% providing evidence of planning (Hoberman & Garfinkel, 1988). Aggression with impulsivity has also been linked with suicidal behavior in children and adolescents (e.g., see Apter et al., 1995; Brent et al., 1994). A study of suicidal adults suggested that a personality style marked by pronounced impulsivity and aggression characterized individuals at risk of suicide attempts regardless of mental disorder (Mann, Waternaux, Haas, & Malone, 1999). It should not be a surprise that disruptive behavior disorders are a common diagnosis among suicidal adolescents (e.g., Kovacs et al., 1993), especially boys (Brent, Johnson, et al., 1993; Shaffer et al., 1996). Furthermore, Apter et al. (1995) suggested that aggression, a large component of conduct disorder, may be as important a risk factor as depression in some kinds of suicidal behavior.

- Alcohol or drug abuse
- Physical illness
- Feeling alone

Suicide is a significant public health problem, and there is a lot to learn about how to prevent it. One strategy is to learn about the warning signs of suicide, which can include individuals talking about wanting to hurt themselves, increasing substance use, and having changes in their mood, diet, or sleeping patterns. When these warning signs appear, quickly connecting the person to supportive services is critical. Promoting opportunities and settings that strengthen connections among people, families, and communities is another suicide prevention goal.

- Access to means such as firearms, pills, etc.
- Becoming pregnant
- Social isolation
- Sexual orientation
- Socio-economic class
- Stressful adverse life events
- Academic difficulties

Clearly risk factors of having access to weapons, significant fatal medications or other means are risk factors for teens/children considering suicide. But often people lessen their concern if they don't THINK a child has access to the means to commit suicide. For example, if the weapons have been removed from the home, if the medicines have been locked up, etc. people will let their guard down and we all know children can GET the means to commit suicide if they are that determined. But removing the possible sources of suicide can remove the threat of a spontaneous "bad day" impulse to kill themselves.

Conflict with peers, friends, teammates, siblings and/or parents can be another contributing risk factor for children to consider there is "no hope" or to view something as "unfixable". Often children/teens just do not have enough life experience of working through problems to see and understand that most problems/situations are not relationship ending and are not life ending. They just do not have enough life experience to understand this.

Unwanted pregnancy, for both boys and girls can feel overwhelming enough to contemplate suicide. The notion of "my parents will kill me" or "I am going to go to hell" or whatever childlike ideations they have in their brain can lead them to feel that they might as well end their life because it is "over anyway". Again, not enough life experience to understand these things can/do work out and people get through them.

Social isolation, bullying and exclusion from groups are another factor that can lead children to think there is no point in continuing living and to consider suicide as an option. Those students that you see on the outskirts or that people perceive as outsiders can be more at risk for suicide.

Exposure to suicide of a peer, some big media event/person that involves suicide, a local person that commits suicide or someone/something that gets a lot of exposure/attention for an act of suicide can tip the scales for someone already thinking about suicide. At that point, upon the exposure to suicide, it no longer seems quite as scary or as unfamiliar. Thinking might be, "If he can do it, I can do it"

**Medication Awareness as a Risk Factor**

- Link to Antidepressants
  - FDA requires manufacturers of all antidepressants to include a warning stating that antidepressants might increase suicide risk in children, adolescents, and young adults.
  - Some studies have shown a possible link between starting treatment with an antidepressant and an increased risk of suicide.
  - Anyone who stops taking antidepressants should be closely monitored.

Link between management of medication and increased risk of suicide.

***INSTRUCTOR NOTES:***
***To be safe, anyone who starts taking an antidepressant should be watched closely for signs of suicidal thinking.***

Elaborate: Medication awareness is also knowing about whether they are on medication or not.

According to the Mayo Clinic:
What role do antidepressants play?

Some studies have shown a possible link between starting treatment with an antidepressant and an increased risk of suicide. The Food and Drug Administration (FDA) requires manufacturers of all antidepressants to include a warning stating that antidepressants might increase suicide risk in children, adolescents and young adults.

Withholding treatment can also increase risk of suicide.

Anyone beginning treatment with antidepressants should be watched closely for signs of suicidal thoughts or actions.

However, the link between antidepressants and suicidal thinking isn't clear — and withholding appropriate treatment also increases the risk of suicide. To be safe, anyone who starts taking an antidepressant should be watched closely for signs of suicidal thinking.

**Amanda Todd – Video**

**Discussion**

- What were specific risk factors and warning signs that Amanda Todd displayed?
  - Wanting to die
  - Use of drugs
  - Withdrawal
  - Cutting
  - Isolation

**Risk and Protective Factors**

- Suicide is rarely caused by a single circumstances or event.  Instead, a range of factors – at the individual, relationship, community, and societal levels – can increase risk.
- These risk factors are situations or problems that can increase the possibility that a person will attempt suicide.

Risk factors are characteristics of a person or his or her environment that increase the likelihood that he or she will die by suicide (i.e., suicide risk). Suicide is rarely caused by a single circumstance or event. Instead, a range of factors. Risk factors can vary across groups and can vary by age group, culture, sex, and other characteristics.

Protective factors – personal or environmental characteristics that protect people from suicide.

- Situational awareness:
  - Address depression, anxiety, and any other concerning observations when it is observed.
- Connectedness to individuals, family, community, and social institutions.

***INSTRUCTOR NOTES:***
***Protective factors – personal or environmental characteristics that protect people from suicide.***

**Risk and Protective Factors**

- Many factors can also reduce risk for suicide.  Similar to risk factors, a range of factors can protect people from suicide.
- Everyone can help prevent suicide.
- We can take action in communities and as a society to support people and help protect them from suicidal thoughts and behavior.

Protective factors are personal or environmental characteristics that help protect people from suicide. Many factors can also reduce risk for suicide. Similar to risk factors, a range of factors can protect people from suicide. Everyone can help prevent suicide.

- Healthy support system and team of mental health and education professionals:
  - Support the child, family, and caregivers.
- Access to local health services:
  - Effective medical treatment
  - Effective mental health services

**Circumstances That Protect Against Suicide Risk**

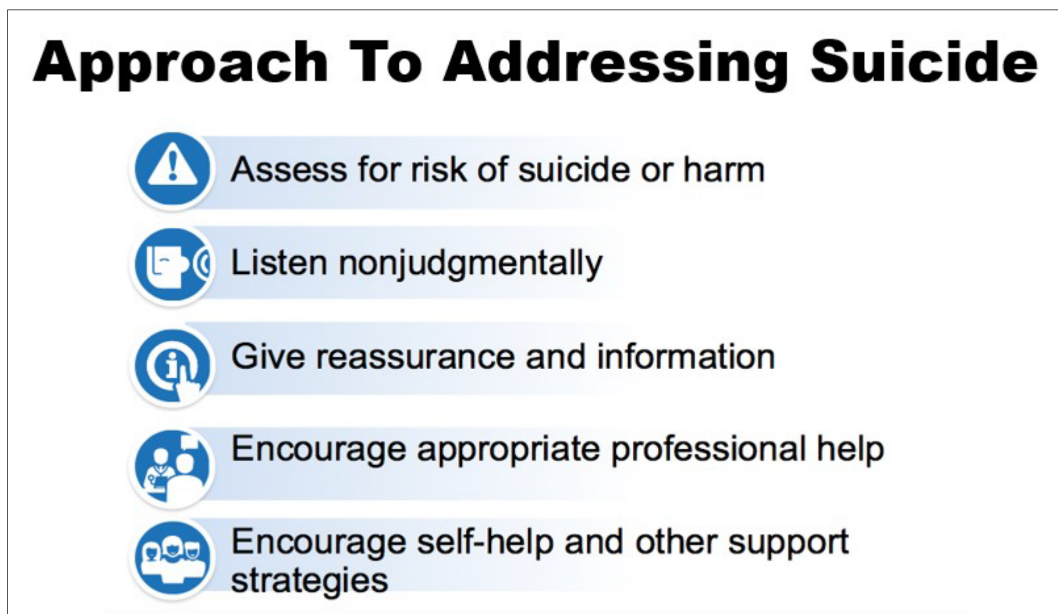
- Effective coping and problem-solving skills.
- Support from partners, friends, and family.
- Feeling connected to others.
- Availability of consistent and high quality physical and behavioral healthcare.
- Reduced access to lethal mean of suicide among people at risk.
- Cultural, religious, or moral objections to suicide.

Protective factors are skills, strengths, or resources that help people deal more effectively with stressful events. They help to counterbalance risk factors. Increasing protective factors can serve to decrease suicide risk. Strengthening these factors should be an ongoing process to increase resiliency during the presence of increased risk factors or other stressful situations.

- Ability to share information amongst professionals, family, and friends:
  - Known diagnosis.
  - Known suicidal ideations.
  - Known “plan,” “method,” “means,” and “intent” of suicide.
- Ability to safely express and share feelings.

- Problem solving skills:
  - Elimination of a problem
- Positive coping skills:
  - Adapting to a problem
- Cognitive flexibility.
- Regular contacts with caregivers.
- Encourage physical activities.
- Encourage a healthy diet:
  - Nutrition
  - Not using drugs or alcohol
- Connection to a spiritual faith or higher calling (life meaning and purpose).
- Financial stability at home.

**Approach To Addressing Suicide – Visual**




A: Assess for risk of suicide or harm.
L: Listen nonjudgmentally.
G: Give reassurance and information
E: Encourage appropriate professional help.
E: Encourage self-help and other support strategies

- How do you talk about suicide with a young person who is having suicidal thoughts? What is the protocol for handling a panic attack?
- How do you approach a young person who has grown abnormally introverted?
- All of these questions were answered with one acronym: ALGEE.

**What To Avoid When Addressing Suicide**

- Don't minimize the student's concerns.
- Don't worry about silences.

- Don't leave the student alone.
  - Remember, same sex escort to bathroom.
- Don't lose patience.

In all cases, show concern and ask questions in a straightforward and calm manner. Show you are willing to discuss suicide and that you aren't appalled or disgusted by it. Keep open lines of communication. Get care for the student.

Continued monitoring is necessary.

***INSTRUCTOR NOTES:***
***Open line of communication.***

**Suicide as a Response**

- *Suicide is a response to something emotionally painful that's going on in a student's life, and the student's response—suicide—results from an impaired ability to cope.*
- *Suicide is an attempt to solve a problem of intense emotional pain with impaired problem-solving skills*

  –Kalafat & Underwood, 1989

## Objective 2.4 – Define bullying, gain a better understanding of bullying, why people bully and how to identify common bullying tactics.

**Video – "Bullies vs. Upstanders"**
https://www.youtube.com/watch?v=75gsCJaXTnQ

Was there bullying present in this situation?
What was the reaction of the various bystanders? Upstanders?
What would you do?

***INSTRUCTOR NOTES:***
***Watch video and discuss.***

**Defining Bullying**

As defined in Texas Education Code § 37.0832(a)-(b), Bullying means a single significant act or a pattern of acts by one or more students directed at another student that exploits an imbalance of power and involves engaging in written or verbal expression, expression through electronic means, or physical conduct that satisfies the applicability requirements provided by Subsection (a)(1), and that:

i) has the effect or will have the effect of physically harming a student, damaging a student's property, or placing a student in reasonable fear of harm to the student's person or of damage to the student's property;
ii) is sufficiently severe, persistent, or pervasive enough that the action or threat creates an intimidating, threatening, or abusive educational environment for a student;

Implicit in **definition #1** is that bullying cannot be accidental. It is an intentional, harmful behavior. It's important to note that the power imbalance does not necessarily have to be a physical power imbalance. The power imbalance may be in areas such as perceived social prestige, number of bullies present or even personality.

**Definition #2** is an all-inclusive definition that has the one condition of the attack being "unprovoked." We can agree that most all "attacks" are intended to cause distress and discomfort. Let's look into how we know it's bullying.

iii) materially and substantially disrupts the educational process or the orderly operation of a classroom or school; or
iv) infringes on the rights of the victim at school and includes cyberbullying.

Can be done in person, over the phone, and on social media.

**What is Cyber Bullying?**
Cyber bullying can be defined as follows:

"Any behavior performed through electronic or digital media by individuals or groups that repeatedly communicates hostile or aggressive messages intended to inflict harm or discomfort on others."

With the advent of technology came a new way to bully peers. Cyberbullying can be a particularly harsh form of indirect or verbal bullying. It can be anonymous, or the bully can pretend to be someone else, or even the victim. Cyberbullying can become direct bullying if there is a loss of property due to theft of phones, sending computer viruses through email.

- Cyber bullying modes include:
  - Spreading rumors
  - Threats
  - Sharing inappropriate photos
  - Sharing intimate secrets
- Cyberbullying – using electronic or digital means to bully. It allows for anonymity and a wide audience.

Cyberbullying has had devastating effects on victims. Recently, in response to the suicide of a victim of cyberbullying, Monica Lewinsky has begun to speak out on the topic in an intelligent and compassionate manner. She asserts that she was probably

the first victim of cyberbullying.  Due to the viral nature of content that is posted online, these cyberbullying events can cause shame and guilt.

**David's Law (Refer to Handout)**
David Barlett Molak, age 16, took his own life on Monday, January 4, 2016, in his hometown of San Antonio, Texas.

In the past few months before his death, David became the repetitive target of relentless cyberbullying.

David's Resource Law Link:
https://www.davidslegacy.org/wp-content/uploads/2018/08/Davids-Law-One-Pager-R2.pdf

Law amends the Education Code provisions regarding bullying to better define and encompass cyberbullying. It encourages school districts to establish a district-wide policy related to bullying prevention and mediation. It provides for anonymous reporting for students, includes cyberbullying off campus and after school hours, and modifies the parental/guardian notification procedure. It provides flexibility in the disciplinary placement, or the expulsion of students engaged in certain types of very serious bullying. It authorizes school principals to report certain incidents of bullying to local law enforcement and provides protection from liability for doing so. It expands the scope of instruction that can satisfy continuing education requirements for classroom teachers and principals to include instruction related to grief-informed and trauma-informed strategies.

**David's Law - Visual**

**David's Law**

- Civil
  - Allows for victim to seek injunctive relief against the cyberbully (such as temporary restraining order and/or an injunction).
  - Allows the injunction to include the parents of the cyberbully.
- Criminal
  - PC 42.07 – more fully and clearly includes the internet-based communication tools and methods used by perpetrators.
  - Offense under the cyberbullying provision is a Class A Misdemeanor.

**87th Legislative Update-Bullying Prevention**

Senate Bill 2050: (most directed to administration)

- All school counselors, teachers, nurses, administrators, and other staff, as well as law enforcement officers and social workers who regularly interact with students must receive training in suicide, bullying, and harassment.
  - Districts must maintain a record of the above staff training.

    - Districts must provide prevention and mediation to students.
    - Each district campus must establish a committee to address bullying by focusing on prevention efforts and health and wellness initiatives.
    - The districts must focus on school climate and healthy relationships between students and staff as methods of bullying prevention.
- The district must annually conduct surveys on bullying and cyberbullying and create an action plan from the results.
- The district must develop a rubric or checklist to assess an incident of bullying and to determine the district's response to the incident.

**Visual – TxSSC Bullying checklist (Refer to Handout)**

- The district must report to TEA through PEIMS the number of reported incidents of bullying and cyberbullying that have occurred at each campus.

**How Do We Know It's Bullying?**

- We will look at the research that has been done over the last 20 to 30 years.
- The easiest way is to ask a child or adolescent who has recently been bullied.

**Types of Bullying**

Physical bullying – physical bullying is using one's body and physical bodily acts to exert power over peers. Punching, kicking, and other physical attacks are all types of physical bullying. It is the easiest to identify/observe.

Verbal and relational bullying – involves a bully trying to hurt a peer and/or that peer's standing within a particular peer group. Relational bullying can be used as a tool by bullies to both improve their social standing and control others. It is more subtle and more difficult to identify the source.

**Examples of Bullying Behavior**

- Glaring
- Teasing
- Physical assault
- Harassment
- Damaging or destroying property
- Excluding someone
- Ethnic or gender-specific slurs
- Threatening the use of weapons

There are a wide variety of behaviors that can be included as bullying behavior. This is by no means an exhaustive list but rather examples that illustrates bullying can include anything from a stare to assault. Before discounting a stare as bullying behavior,

imagine a student who is a grade or two ahead of a particularly small child. When that child goes to lunch the older student stares at the small child throughout lunch.

Bullying can take place anywhere, anytime and technology enables bullies to work round the clock to terrorize, humiliate and harm others.

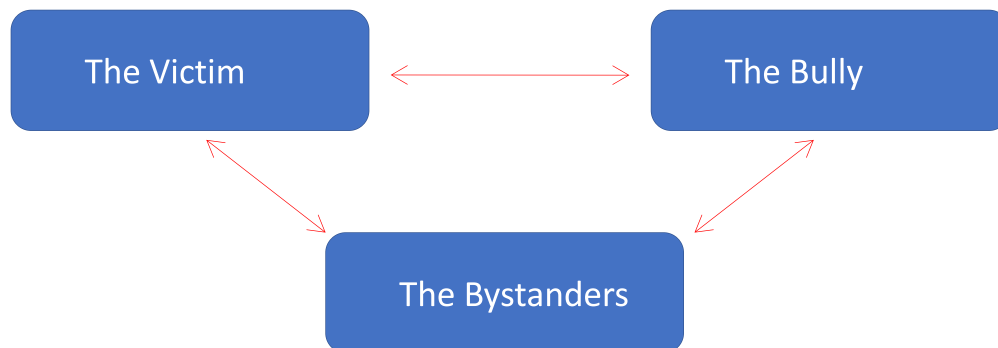
Bullying can be done in person, over the phone, on social media, indirectly through a third party, or by a group of bullies.

**Who Bullies Whom and Why?**

- Bullies tend to bully same-gender peers.
- Bullying usually happens with people you know.

**The Social Structure of Bullying – Visual**

Bullying has specific members but affects everyone…




**Video - The Original Bully**

**The Bystanders**

- Make up 85% of school population "silent majority".
- Become desensitized to the bullying over time.
- Bystanders become the audience for the bully.
- Why don't bystanders get involved?
  - › Fear of retaliation.
  - › Don't know what to do.
  - › Afraid they'll make things worse.
  - › Worry about losing social status.
  - › Don't believe that adults will help.

To step in while bullying takes place is a very difficult action to take.  Not only could you place yourself in harm's way but also you could become a target for bullying at a later date.

- Feel it's none of their business.
- Feel powerless to change things.

- Feel guilty.
- Feel diminished empathy for victims.
- Join in on the bullying (watch, cheer).
- In some cases, be “henchmen” for the bully.

Many individuals simply don’t know what action to take to de-escalate a bullying situation.

**Teach Children to be Upstanders, Not Bystanders**

- Don’t join in…speak up if it safe to do so.
- Band together as a group against bullies.
- Tell an adult about the bullying:
  - Tattling/Ratting = telling an adult to get someone in trouble.
  - Telling/Reporting = telling an adult because someone’s behavior is unsafe or hurtful to another.
- Reach out to isolated peers, offer support.

**Video - “Bullying Includes Everyone”**

**Visual “ANYWHERE U.S.A.”**
Many school shooters start out as being bullied

**Why Do Some Children Have Bullying Behaviors?**

- Students don’t know how else to influence peers (lack skills).
- They don’t realize that their behavior is inappropriate; poor modeling (how taught).

**Why Do People Bully?**
There are a variety of reasons why people bully.

**Cultural Causes of Bullying** In a culture that is fascinated with winning, power, and violence, some experts suggest that it is unrealistic to expect that people will not be influenced to seek power through violence in their own lives. Researchers point to the World Wrestling Federation (WWF) as glorification of bullies in the name of entertainment and point out that the high rate of domestic violence means that many young people grow up expecting that violence is an acceptable way to get what one wants.

***INSTRUCTOR NOTES:***
***They have been publishing info on bullying and attackers being bullied by classmates.***

**Institutional Causes** If the institution at which the bullying takes place - whether the home, the school, or the workplace - does not have high standards for the way people

treat each other, then bullying may be more likely and/or prevalent and have an influence on why people bully.

***INSTRUCTOR NOTES:***
***Findings in the report indicate bullying can greatly impact schools and climate especially if school fails to address bullying.***

**Social Issues** The fact that one gets more social recognition for negative behaviors than for positive ones can also contribute to reasons why people bully. Situation comedies and reality television, as well as real life situations in schools, for example, show that acting out is more likely to get noticed than behaving oneself civilly and courteously. Jealousy or envy and a lack of personal and social skills to deal with such feelings can also be reasons why people bully.

**Family Issues** Families that are not warm and loving and in which feelings are not shared are more likely to have children who bully, either within the family home or in other locations in which the children meet others. Another home environment that is prone to producing bullies is one in which discipline and monitoring are inconsistent and/or a punitive atmosphere exists.

**Why Do Some Children Have Bullying Behaviors? - continued**

- Bullying behavior meets a need. Rewards for bullying behaviors:
  - Social attention
  - Social recognition
  - Social status

**The Bully's Personal History** Children who experience social rejection themselves are more likely to "pass it on" to others. Children who experience academic failure are also more likely to bully others.

**Having Power** Some research indicates that the very fact of having power may make some people wish to wield it in a noticeable way, but it is also true that people may be given power without being trained in the leadership skills that will help them wield it wisely. Either situation can contribute to why people bully others.

**Provocative Victims** People who are annoying and condescending to others and/or aggressive verbally, or in other ways that are not picked up by those in authority, may contribute to the dynamic that can be characterized as bullying by one individual but actually grows out of provocation by another individual.

**Did You Know?**

- National Center for Education Statistics and Bureau of Justice) indicates that, nationwide, about 20% of students ages 12-18 experienced bullying.
- Children reported they do not tell on bullies because they are afraid it will get worse, and they feel no one would help them if they did tell.

- Students reported that 71% of the teachers or other adults in the classroom ignored bullying incidents.
- When asked, students uniformly expressed the desire that teachers intervene rather than ignore teasing and bullying.

Between 15% to 20% of the students are bullied

Middle school children seem to experience more bullying than others.

In grades six through ten, 30% of the students were involved in bullying.

Various studies show a wildly variant percentage of students affected by cyberbullying. The percentages ranged from 6% to 38%, depending on the study.

Elaboration: These numbers can appear too variable to trust, but it is the many definitions of bullying that are used that make it difficult to get consistent numbers. In the U.S. we've only been studying bullying in earnest since the late 1990s. We began studying bullying in the U.S. after the first school shootings and it was reported in the news that the shooters had been victims of bullying.

It's safe to say that almost one-fifth of our students are involved with bullying in some way in schools. And cyberbullying is probably even more prevalent. Unfortunately, cyberbullying sprang up right along with new technology so it's difficult for students to separate the use of social media from bullying behavior. They have no idea what social media would look like without cyberbullying.

- Students reported that 71% of the teachers or other adults in the classroom ignored bullying incidents.
- When asked, students uniformly expressed the desire that teachers intervene rather than ignore teasing and bullying.
- Bullies identified by age eight are six times more likely to be convicted of a crime by age twenty-four and five times more likely than non-bullies to end up with serious criminal records by the age of thirty.
- Aggressive behavior is learned early and becomes resistant to change if it persists beyond age eight.
- Bullying most often occurs at school where there is minimal or no supervision.
- Research on bullying suggests that boys are more likely to engage in bullying behavior that is more physical in nature.
- Girls are more likely to engage in situations of indirect or verbal bullying such as teasing or gossip about peers.

**What We Know about Bullying *and* Suicide Together**

- We know that bullying behavior and suicide-related behavior are closely related.
- This means youth who report any involvement with bullying behavior are more likely to report high levels of suicide-related behavior than youth who do not report any involvement with bullying behavior.

- We know enough about the relationship between bullying and suicide-related behavior to make evidence-based recommendations to improve prevention efforts.

**Bullying and Suicide**
Research indicates that persistent bullying can lead to or worsen feelings of isolation, rejection, exclusion, and despair, as well as depression and anxiety, which can contribute to suicidal behavior.

The relationship between bullying and suicide is complex. Many media reports oversimplify this relationship, insinuating or directly stating that bullying can cause suicide. The facts tell a different story. In particular, it is not accurate and potentially dangerous to present bullying as the “cause” or “reason” for a suicide, or to suggest that suicide is a natural response to bullying. We recommend media not use the word "bullycide”. There is so much more involved in suicide and is not as simple as “bullying” being a cause.

- The vast majority of young people who are bullied do not become suicidal.
- Most young people who die by suicide have multiple risk factors.

**NTAC Address Bullying**
The U.S. Secret Service National Threat Assessment Center (NTAC) released a report, ***Protecting America’s Schools***, in 2019 after analyzing 41 incidents of targeted school violence that occurred in U.S. K-12 schools from 2008 to 2017.

Report from 2019 analyzed 41 incidents of targeted school violence.

They have been publishing info on bullying and attackers being bullied by classmates.

One of their findings was that most attackers had been persistently bullied by their classmates and the bullying had been witnessed by others.

The findings in the report indicate bullying can greatly impact schools and school climate especially if your school fails to address bullying.

This was again confirmed in a report published in 2021, ***Averting Targeted School Violence***. After studying 67 incidents of *disrupted plots* against K-12 schools between 2006-2018, the NTAC found that almost one-half of those who plotted an attack experienced bullying by their peers.

To be clear, being a target of bullying does not mean that they are more likely to be violent towards others or to enact school violence. Rather, when identifying the motives of those who plotted school attacks, the NTAC found that the motive was most often a grievance against peers and many cited retaliations for being bullied.

SROs play an important role in school violence prevention. In nearly one-third of the cases, a SRO played a role in either reporting the plot or responding to a report made by someone else.

**Mental Health Crisis Intervention**

- Mental health is all too often one of the last things that we pay attention to, even though we know how immensely important it is.
- In schools, mental health should be everybody's job.
- An effective strategy while communicating with a student who suffers from mental health problems is to provide reassuring information.

**Video - Stand Up for Mental Health**
https://youtu.be/xKjlxU5Zat8

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## Section 3:

De-escalation Techniques for Limiting the Use of
Force, Including the Use of Physical, Mechanical, and
Chemical Restraints
(4 Hours)

**3.0 Unit Goal: Clear on changes in law and how these changes apply to campuses. Consult local decision makers for application of new laws.**

The desired outcome of this training will cover procedures for core team assigned to respond to behavioral intervention (who is assigned/who should not be part of the team). It will also include restraint training examples (SAMA, CPI). Training mandates for staff (check for local decisions to be safe).

SB 1707 85$^{th}$ (2019) Leg. Session (TEC 37.081): SBLE/SRO legal authority; duties of SBLE/SRO; SRO's who are contractual may have additional restrictions on their MOU and should review it before the start of the school year.

**Objectives:**

3.1 Participants will receive a review of state and federal requirements for handling behavioral issues, including legislation on the use of restraints.

3.2 Participants will gain an understanding of human behavior, the reasons for behavior, and the importance of understanding behavior in students.

3.3 Identify the seven phases of escalating behavior and preventative strategies that will decrease escalating behavior and limit the use of force, including the use of physical restraints.

## Objective 3.1 – Participants will receive a review of state and federal requirements for handling behavioral issues, including legislation on the use of restraints.

**What Do You Think? - Video - Child Restraint**
https://youtu.be/sO_gKQUuISc

**Watch video and discuss**
7-year-old 3$^{rd}$ grader with ADHD handcuffed

**What Does the Law Say?**

**Special Education 89.1053. Procedures for Restraint and Time-Out**
It is important to refer to your district and obtain legal guidance on restraint of students and police involvement.

**Special Education Rules of Restraint**
The TAC Chapter 89 is in reference to special education. It addresses who can restrain, training requirements, paperwork requirements, and identifies school-based law enforcement.

d) Training on use of restraint. Training for school employees, volunteers, or independent contractors must be provided according to the following requirements.

***INSTRUCTOR NOTES:***
***Any physical intervention should be used only when all other options have been exhausted and when an individual is a danger to self or others.***

**Special Education Rules of Restraint**
(1) A core team of personnel on each campus must be trained in the use of restraint, and the team must include a campus administrator or designee and any general or special education personnel likely to use restraint.

***INSTRUCTOR NOTES:***
***Core team does not include the SBLE/SRO therefore training listed in #1 does not apply, however if SRO called upon to use restraint, then #2 applies.***

(2) Personnel called upon to use restraint in an emergency and who have not received prior training must receive training within 30 school days following the use of restraint.

(3) Training on use of restraint must include prevention and de-escalation techniques and provide alternatives to the use of restraint.

(4) All trained personnel must receive instruction in current professionally accepted practices and standards regarding behavior management and the use of restraint.

**TAC 89.1053. Procedures for Restraint and Time-Out**

(l) Peace officers. The provisions adopted under this section apply to a peace officer only if the peace officer is employed or commissioned by the school district or provides, as a school resource officer, a regular police presence on a school district campus under a memorandum of understanding between the school district and a local law enforcement agency, except that the data reporting requirements in subsection (k) of this section apply to the use of restraint by any peace officer performing law enforcement duties on school property or during a school-sponsored or school-related activity.

(m) The provisions adopted under this section do not apply to:
(1) juvenile probation, detention, or corrections personnel; or
(2) an educational services provider with whom a student is placed by a judicial authority, unless the services are provided in an educational program of a school district.

**Legal Guidance**
It is important to have discussions with your agencies and districts and obtain legal guidance as to how these statutes apply to SBLE.

- Discuss the conflict between the two statues (37.081 & 89.1053) and the center will be working with our legislative partners to make the corrections or revisions.
- The SRO/SBLE should not be part of the core team but may stand by in case of a breach of peace.

- The only requirement that exists is that if the SRO/SBLE is called upon in an emergency to use a restraint they would then have to be trained within 30 days of the restraint.
- Encourage our students to take the information back to their local agencies and discuss the conflict and seek legal guidance as to how it applies to them in their districts.

**Education Code Chapter 37**

**Sec. 37.0021**. USE OF CONFINEMENT, RESTRAINT, SECLUSION, AND TIME-OUT. (a) It is the policy of this state to treat with dignity and respect all students, including students with disabilities who receive special education services under Subchapter A, Chapter 29. A student with a disability who receives special education services under Subchapter A, Chapter 29, may not be confined in a locked box, locked closet, or other specially designed locked space as either a discipline management practice or a behavior management technique.

***INSTRUCTOR NOTES:***
***SB 393 and SB 1114***

**TEC 37.0023 (All Students) – Behavior/Administrative**

- Prohibit a district employee, volunteer, or independent contractor from using aversive techniques or causing aversive techniques to be used on a student.
- Aversive techniques are prohibited for use with students and are defined as techniques or interventions intended to reduce the reoccurrence of a behavior by intentionally inflicting significant physical or emotional discomfort or pain.

***INSTRUCTOR NOTES:***
***SB 712 and HB 3630***

AN ACT relating to prohibiting the use of certain behavioral interventions on students enrolled in public school.

(d-1) A school district or school district employee or volunteer or an independent contractor of a school district may not apply an aversive technique, or by authorization, order, consent to, or pay for any of the following:

(1) an intervention that is designed to or likely to cause physical pain, including electric shock or any procedure that involves the use of pressure points or joint locks;

(2) an intervention that involves the directed release of a noxious, toxic, or otherwise unpleasant spray, mist, or substance near the student's face;

(3) an intervention that denies adequate sleep, air, food, water, shelter, bedding, physical comfort, or access to a restroom facility;

(4) an intervention that involves subjecting the student to verbal abuse, ridicule, or humiliation or that can be expected to cause the student emotional trauma;

(5) a restrictive intervention that employs a device, material, or object that simultaneously immobilizes all four extremities, including any procedure that results in such immobilization known as prone or supine floor restraint;

(6) an intervention that impairs the student's breathing, including any procedure that involves:

(A) applying pressure to the student's torso or neck; or

(B) obstructing the student's airway, including placing an object in, on, or over the student's mouth or nose or placing a bag, cover, or mask over the student's face;

(7) an intervention that restricts the student's circulation;

(8) an intervention that secures the student to a stationary object while the student is in a sitting or standing position;

(9) an intervention that inhibits, reduces, or hinders the student's ability to communicate;

(10) an intervention that involves the use of a chemical restraint;

(11) an intervention that prevents observation by a direct line of sight or otherwise precludes adequate supervision of the student, including isolating the student in a classroom by the use of physical barriers; or

(12) an intervention that deprives the student of the use of one or more of the student's senses.

(d-2) For purposes of Subsection (d-1)(11), an intervention that denies the student academic instruction by a certified educator constitutes an intervention that precludes adequate supervision

**Video**
Texas cop grabs 14-year-old's throat; slams him.

***INSTRUCTOR NOTES:***
***Watch video and discuss with class.***

**83rd Legislative session – SB 393 and 1114 (2013)**

- The overall goal of this legislation was to dramatically curtail the Class C Misdemeanor related case filings in schools.
- SB 1114 fundamentally refocused the offenses of Disruption of Class and Disruption of Transportation while expanding the scope of Disorderly Conduct (see summary SB 1114).

***INSTRUCTOR NOTES:***

***TEC Chapter 37 establishes the statutes related to student discipline, law and order in public schools.***

TEA's Chapter 37 - Discipline, Law, and Order unit has the following responsibilities for Texas schools:

Provides leadership to school districts with information needed to create local disciplinary policies in line with Chapter 37 of the Texas Education Code (TEC).
Provides a central point of contact within TEA for agency staff, parents, students, public and private agencies, and others seeking clarification concerning discipline, law and order under the Texas Education Code.

Provides assistance in recording PEIMS 425 Records Data from all school districts relating to disciplinary actions required by TEC Chapter 37 and Federal Law.
Works with the Texas Juvenile Justice Department and other agencies on school safety.
Individual school districts write and enforce student disciplinary policies that comply with the statutes.

**Texas Education Code**

37.141: DEFINITIONS

- A child is defined as being at least 10 and younger than 18 years of age and enrolled as a student.
- A school offense is defined as an offense committed by a student enrolled in a public school that is a Class C Misdemeanor other than a traffic offense committed on property under the control and jurisdiction of a school district.

37.143 CITATION PROHIBITED; CUSTODY OF CHILD

- A peace officer, law enforcement officer, or school resource officer may not issue a citation to a child who is alleged to have committed a school offense.

37.144 GRADUATED SANCTIONS CERTAIN SCHOOL OFFENSES

- A school district that commissions peace officers under Section 37.081 may develop a system of graduated sanctions that the school district may require to be imposed on a child before a complaint is filed.

FYI: TEC 37.146 & 147 list the requisites for a complaint and if a child fails to comply with the graduated sanctions.

Provides a central point of contact within TEA for agency staff, parents, students, public and private agencies, and others seeking clarification concerning discipline, law and order under the Texas Education Code.

Provides assistance in recording PEIMS 425 Records Data from all school districts relating to disciplinary actions required by TEC Chapter 37 and Federal Law.

Works with the Texas Juvenile Justice Department and other agencies on school safety.

Individual school districts write and enforce student disciplinary policies that comply with the statutes.

**TEC 37.081 SRO/School Police Duties**

The SRO/SBLE officer duties must be included in:
(1) the district improvement plan under Section 11.252;
(2) the student code of conduct adopted under Section 37.001;

**SB 1707 (2019) -** Amends TEC 37.081 SRO/School Police DUTIES

***1707*** clarifies the duties of on-campus law enforcement, which do not include routine discipline enforcement, by requiring each district that employs such personnel to develop a policy outlining the duties and expectations of district peace officers, resource officers, and other security personnel.

To ensure such duties complement existing student discipline practices, the bill requires the policy to be adopted with the input from the campus behavior coordinator and any other relevant district employees who deal with student behavioral issues. By developing and propagating well-considered policies and expectations for campus law enforcement officers and other security personnel under ***S.B. 1707***, districts will increase the effectiveness of their on-campus law enforcement and reduce unnecessary use of personnel to deal with incidents better handled by other employees.

**SB 1707: Amends TEC 37.081**
(d-2) A school district may not assign or require as duties of a school district peace officer, a school resource officer, or security personnel:
(1) routine student discipline or school administrative tasks; or
(2) contact with students unrelated to the law enforcement duties of the peace officer, resource officer, or security personnel.
(3) any memorandum of understanding providing for a school resource officer; and
(4) any other campus or district document describing the role of peace officers, school resource officers, or security personnel in the district.

The bill requires the district board, in determining the law enforcement duties, to coordinate with district campus behavior coordinators and other district employees to ensure that the officers and security personnel are tasked only with duties related to law enforcement intervention and not tasked with behavioral or administrative duties better addressed by other district employees.

Requires school districts to include in their district improvement plan the duties of the SRO/SBLE which cannot include routine student discipline or formal contact with students unrelated to law enforcement duties.

(d-3) This section does not prohibit a school district peace officer, a school resource officer, or security personnel from informal contact with a student unrelated to:
(1) the assigned duties of the officer or security personnel; or
(2) an incident involving student behavior or law enforcement.

**Video – Don't Get Involved in Administrator Duties**

***INSTRUCTOR NOTES:***
***View and discuss with class.***

**Video – A Day in the Life – SMPD School Resource Officer**
- We want to end the day on a good note…this next video is an example of what your day should look like.
- Building relationships is key!
- The overall goal is that when you are called upon to respond, you have already established solid relationships that will encourage positive outcomes.

## Objective 3.2 Participants will gain an understanding of human behavior, the reasons for behavior, and the importance of understanding behavior in students.

**Basic Behavior Assumptions**
- Behavior serves a purpose.
- Behavior falls into predictable patterns.
- If we can predict behavior, we can promote appropriate alternatives.

What are your individual beliefs about behavior?

Do you believe: Behavior serves a purpose, Behavior falls into predictable patterns; If we can predict behavior, we can promote appropriate alternatives?

We model respect because it has been modeled to us. However, what happens to our values when we are stressed, and life becomes complicated? How do we behave when the children in our school are falling instead of rising? Where does our level of standard respect start? If we aren't levelheaded how do we expect everyone to stay level headed?

Key assumptions when dealing with behavior.
- Severe behavior can be expressed in many ways but there are common threads or reasons for these behaviors that can be identified.
- Students of all ages and levels of disabilities can manifest severe behavior yet there are identifiable common features across student populations in terms of analysis and interventions.

- Severe behavior usually does not occur as a separate event. Rather it occurs as part of a behavior chain or pattern. Analysis and interventions need to address the entire chain and all phases of the problem behavior.
- Successful interventions need to target all settings where the problem behavior occurs and involve key persons in each of these settings.
- Some students will need support and services by community agencies.
- Students who exhibit severe behavior are often served by multiple agencies. These services need to be coordinated.

Behavior serves a purpose:
- That purpose is usually to meet an unmet need.
- When we understand the purpose of a behavior, we are better able to find ways to respond to it in a manner which meets the expressed need.
- When we find ways to meet the unmet need, the original behavior often disappears.
- Meeting the unmet need is an alternative to simply trying to control or directly manage a behavior.

Behavior falls into predictable patterns:

- Behavior is not random or unpredictable.
- Behavior is based on history and the consequence of reinforcement or punishment.
- Although there are many reasons why a student may engage in problem behavior, they fall into two major categories: to avoid or escape something unpleasant and to obtain something desirable.

If we can predict behavior, we can promote appropriate alternatives:
- Identify the new skills to be taught.
- Make modifications to the environment.
- Modify instructional delivery.
- Identify accommodations that may need to be made to the curriculum.
- Changes in behavior management strategies
- Strategies work best if applied in all settings where the problem behavior occurs.

Severe problem behavior is most effectively addressed by applying:
- effective strategies before the severe behavior arises and
- effective follow-up strategies after the behavior occurs.

**Three Guiding Principles to Ask Yourself in Every Situation**

(1) Is my response meeting the student’s needs?
(2) Is my response respectful and maintaining the student’s dignity and my own?
(3) Will my response maintain the safety of the student and all others?

**Video – Three Guiding Principles**

***INSTRUCTOR NOTES:***
***View and discuss – what guiding principles did he use?***

## Objective 3.3 Identify the seven phases of escalating behavior and preventative strategies that will decrease escalating behavior and limit the use of force, including the use of physical restraints.

In Section 3, participants will learn that the cycle of escalation is predictable, they will be able to describe indicator behaviors for each stage of the cycle, describe and understand triggers as well as be able to identify the differences between agitation and acceleration.

Discussion questions:
Name the two ways that an individual can act out (verbal, physical)?

Have you ever needed to handle an agitated individual? Many people will choose the answer "frequently." Responding to this question gives you an opportunity to affirm that on a day-to-day basis, the participants do a good job of working with the individuals in their charge. It is when people become agitated and begin to act out that staff may have less confidence in their abilities to handle the situations they encounter. The purpose of this training is to help staff manage these crisis moments effectively.

**Model for the Escalating Behavior Chain - Visual**
The specific phases that describe the successive student behaviors in the cycle are depicted on the slide. Note that the graph rises as the interaction escalates to what is usually referred to as severe or serious behavior and falls away as the student behavior de-escalates. The escalating behaviors are depicted in phases one through five, followed by the de-escalating behaviors in phases six and seven.

Each cycle can be described in terms of seven phases:
1. Calm
2. Trigger
3. Agitation
4. Acceleration
5. Peak
6. De-escalation
7. Recovery

**Phase One – Calm**
Student is cooperative:
- Accepts corrective feedback

- Follows directives
- Sets personal goals
- Ignores distractions
- Accepts praise
- On-task

**Phase One – Calm: Strategies**
Intervention is focused on proactive efforts:
- Focus on instruction and positive behavior support.
- Arrange for high rates of successful experiences in all settings.
- Use positive reinforcement.
- Teach social skills.
- Communicate positive expectations.

**Big Ideas:**
1. Teach Standard Consequences During the Calm Stage
    - Build and maintain a positive relationship during instruction
    - Knowing consequences ahead of time allows the teacher to provide the student with a choice
2. Non-confrontations *Detach*ments
    - Remain Detached
      − *Do not show emotion*; be concrete and direct
      − U*se a calm monotone voice* and avoid direct eye contact
      – S*how concern for student with reminders*
    - *Maintain* N*on-challenging* P*roximity*
      − Keep some movement - avoid hovering
      − A*fter reminding student of choice -turn away or walk a short distance slowly*
      − T*alk to other students*
      − T*urn back after several seconds*
      − D*on't challenge or demand an answer – no answer is the same as saying "no"*

**Phase Two – Trigger**
Events that are a trigger for your student can be classified in the following categories:
- School-based
- Non-school based
- Internal
- External

Student experiences a series of unresolved problems:
- Conflicts/failure
- Changes in routine
- Pressure
- Provocation from peers
- Ineffective problem solving

- Facing correction procedures
- Parents fighting
- Hungry

Intervention is focused on prevention and redirection:

- Increase opportunities for success
- Respond to students exhibiting expected behavior
- Reinforce the student's first on task response
- Intermittently reinforce on-task behavior

**Phase Three – Agitation**

Overall behavior is unfocused and distracted:

- Off-task, inability to focus
- Darting eyes
- Contained hands, clinched fists
- Seems bothered by others
- Social withdrawal

*Keys to Addressing Non-Compliance*

- *Provide one very clear direction for student to follow*
- *Break complex directions into smaller steps and direct the first step*
  - › *Initial Direction: move to desk, get out book, get paper, begin work - After Non-Compliance: move to desk*
  - › *Initial Direction: complete all problems on page 76*
  - › *After Non-Compliance: get started on work*
- *Be neutral but direct to student and stay with the direction – broken record*
- *All other student requests and issues are contingent upon compliance*
  - › *Follow-up with student quietly rather than in front of group*
  - › *Continue to acknowledge other on-task students*
- *Acknowledge cooperation or implement consequence in a neutral manner*

**Phase Three – Agitation: Strategies**

Intervention is focused on reducing anxiety:

- If not addressed, student may escalate or remain distracted making instruction difficult
- Implement accommodations before onset of escalation
- Make structural/environmental modifications

Intervention is focused on reducing anxiety:

- Provide reasonable options and choices
- Involve in successful engagement
- Show empathy
- Respect their space
- Gain student involvement
- Encourage relaxation techniques

**Signs of Escalating Behavior**

- Arguing
- Non-compliance/defiance
- Verbal abuse
- Disruption
- Bothering others
- Off-task behavior
- Destruction of property
- Whining/crying
- Limit testing
- Threats and intimidation
- Escape/avoidance

Ask the class to describe other signs

When the signs occur, the chain is formed.

Escalating behavior is predictable and, to the extent that we can predict it, we have increased our likelihood of prevention. Consider a student to be in the highest stage when two or more behavior indicators are present.

**Phase Four – Acceleration**

Overall behavior is staff-engaging leading to further negative interactions.

- Questioning/Arguing/Threats
- Noncompliance and defiance
- Provocation of others
- Rule violations
- Raised voice

Intervention is focused on safety; implementation before onset of escalation:

- Remove all triggering factors
- Avoid escalating prompts
- Maintain calmness, respect, and detachment
- Approach the student in a non-threatening manner
- Utilize non-confrontational limit-setting procedures

**Phase Four – Acceleration Non-Threatening Strategies**

- Speak calmly and avoid power struggles
- Speak respectfully and speak privately
- Minimize body language
- Keep a reasonable distance/give student space
- Establish eye level position
- Be brief (KISS) and stay with agenda
- Acknowledge cooperation

***INSTRUCTOR NOTES:***
***If initial attempts to resolve are not effective, initiate crisis procedures immediately.***

**Use Non-Threatening Approaches**

Approach the student in a non-threatening manner. When students are approached in order to address the problem behavior in this phase, there is a high probability that the behavior will escalate. The adult's behavior needs to be extremely controlled and non-threatening. Some guidelines for approaching the student in this situation are as follows:

- Move slowly and deliberately toward the problem situation. Walk slowly and avoid displaying behavior that indicates panic or anxiety. If possible, provide some on-task interactions with other students on the way to the target situation.
- Speak privately. Take the student aside and talk quietly so as not to be heard by the peers. Avoid public statements and loud talk.
- Speak calmly. Use a flat, controlled voice. Be as matter of fact as possible and do not threaten.
- Minimize body language. Be as still as possible. Avoid pointing, staring at, or crowding the student.
- Keep a reasonable distance. Do not get too close or invade the student's space. Avoid "getting in the student's face."
- Speak respectfully. Avoid harsh, angry tones. Use the student's name and speak in a soft, detached, and respectful manner.
- Establish eye-level position. If student is sitting, sit beside him or squat beside him if possible. If student is standing, stand as well. Some students react negatively to anyone towering over them in such situations.
- Be brief. Use language that is brief and simple. Long-winded statements or nagging will make some students react negatively.
- Stay with the agenda. Stay focused on the problem at hand. Do not get sidetracked. Deal with lesser problems later.
- Avoid power struggles. Stay focused on the problem at hand. Do not be drawn into, "I won't-you will," types of power struggle engagements.
- Withdraw if the situation escalates. Immediately terminate the discussion if the problem behavior escalates. Simply withdraw from the student and follow school emergency procedures.
- Acknowledge cooperation. In the event the student cooperates and disengages from the problem situation, be sure to compliment him on his decision. Also, mention his cooperation in a later report or follow-up to the situation.

**Phase Five – Peak**

Overall behavior is out of control creating safety concerns:

- Physical aggression
- Severe tantrums
- Property destruction
- Self-injury
- Running, screaming

Phase 5 or Peak behaviors represent what are understood to be the most severe or serious behaviors and are the subject of this module. Generally, the students' behaviors are characterized by disruption so serious that class cannot continue or continues with difficulty. In addition, Peak behaviors often represent a threat to the safety of others or to the involved student. The good news is that they can't stay in these behaviors forever!

**Phase Five – Peak: Strategies**

Intervention is focused on safety:

- Focus is on crisis management:
  - › Implement your plan (contact admin, clear room, etc.)
- Safe strategies

Keys to Addressing Aggressive Behavior

- Recognize conditions under which conflict is likely and attempt to avoid
  - › assign seats, use teacher proximity, provide options, space
- If altercation becomes verbal, intervene verbally
  - › attempt to solve – don't use this as an opportunity to scold
- Re-direct any or all students involved - get attention off altercation
  - › separate student as much as possible without placing hands on
  - › give directions to move and provide alternative activities
- Behavioral Emergency:
  - › Assessment of risk factors
  - › Do they need a Mental Health/other assessment
  - › Functional Analysis Assessment
  - › Behavior Intervention Plan
  - › Be prepared – NOT reactionary

Short-term interventions:

- Isolation or removal of involved student
- Allow time for student to "cool down"
- The major emphasis here is safety first and as far as possible to minimize the disruption.

**Phase Six – De-escalation**

Overall behavior shows confusion and lack of focus:

- Confusion
- Withdrawal
- Denial
- Blaming others

**Phase Six - De-escalation: Strategies**

Intervention is focused on monitoring for re-escalation of behavior:

- Monitor for health/safety of all involved
- Avoid blaming or rehashing the situation

- Remove the audience
- Allow time and space
- Engage in independent work
- Give concrete directions
- Cool-down time is vital
- Determine appropriate time to debrief

**Phase Seven – Recovery**
Overall behavior shows an eagerness for busy work and a reluctance to interact with others:

- Eagerness for independent work
- Subdued behavior
- May still be defensive about their behavior
- Want to sleep
- Different for each person

In this final phase, Recovery, the student returns to a non-agitated, relatively normal state. Essentially, the student is able to participate, perhaps marginally, in instruction or the current requested activities.

The seven-phase conceptual model for depicting severe problem behavior allows us to develop a procedure for assessing student behavior and developing corresponding interventions.

**Phase Seven – Recovery: Strategies**
Intervention focuses on returning to normal activities:

- Follow through with consequences
- Positively reinforce any displays of appropriate behavior
- Debrief/rehearse problem solving routine
- Understand it is rare that an officer is the one present in this phase

**Debriefing Session**

- Facilitates transition back to program…not further negative consequence.
- Goal is to increase appropriate behavior
- Focus on problem solving
- Pinpoint events that contributed to the incident
- Teach replacement behaviors

Intervention Strategies Later in the Cycle

1. *Acceleration – The focus changes from redirecting to preventing dangerous behavior at the peak.*
    - D*o not attempt to engage*
    - *Remove all potential triggers*
    - State bottom line (not ultimatum)
    - *Provide clear & calm concrete directions* and choices

- *Implement crisis management procedures*

2. *Peak – All the focus is on safety at this point – for all in the environment.*
   - *Attempt to minimize the peak*
   - *Continue with acceleration stage procedures (communicate bottom line in clear and calm direction, repeat)*
   - F*ollow through with crisis plan* and bottom line
3. *De-Escalation – Focus on allowing student to de-escalate.*
   - D*o not attempt to discuss behavior or consequences*
   - R*emain calm – don't give attention for peak*
   - *Speak calmly and provide simple and concrete directions*
   - D*on't ask too much*
4. *Recovery – Focus is on moving student back to calm phase.*
   - G*radually provide more structure and movement back into routines and activities*
   - R*einforce compliance in a quiet and reserved manner*
5. *Return to Calm – When the student is back to calm it is time to fully debrief on the incident.*
   - *Restate rule and appropriate behavior.*
   - A*sk student to reflect on a better way to handle trigger.*
   - R*emind of consequence that was earned because of behavior.*

**ACTIVITY #2**

- Independently complete the activity handout.
- Describe the student behavior in all seven of the phases of the Acting-Out Model.
- Describe what was happening or the event that impacted the student behavior.
- Your handout should be filled out by the end of this activity.

**ACTIVITY #2 – Document**
You may also use a blank sheet of paper to record your answers.

**ACTIVITY #2 - Video – What Phase Are We In?**
https://www.youtube.com/watch?v=X9_WwuGF4dM&t=57s

Watch the Boston 24/7 video and use the Behavior Chain handout to document the student behavior at each one of the 7 phases.

As participants watch the video, they should complete the handout.

**ACTIVITY #2 – Answers**
Answers to activity. Helping to identify key student behaviors at each stage that serve as indicators for how best to intervene in a manner that maximizes the probability of success.

*1. There are 7 unique stages in a cycle of escalating behavior, each with its own unique indicator behaviors and each prescribing a best course of action for intervention.*

- Calm – student is able to learn – teachers should teach appropriate behavior

- Trigger – student is distracted – teacher should redirect
- Agitation – student is visibly stewing – teacher should distract student from trigger
- Acceleration – student escalates quickly – teacher focuses on safety; provides calm and simple directions
- Peak – student's behavior reaches pinnacle – teacher ensures safety of all involved
- De-escalation – student begins to come down – teacher facilitates cool-down and gives space
- Recovery – student calm and sullen – teacher facilitates transition back to routines
- Return to Calm – student is able to learn – teacher should debrief and re-teach

*2. Follow the 5 Keys to Success*
- Take advantage of calm things
- Establish positive relationships
- Think ahead about triggers
- Be consistent
- Remain in control of your own emotions

**De-Escalation Tips and Techniques**

**Do's:**
- Stay calm, Listen
- Monitor body language
- Give choices/consequences
- Avoid power struggle
- Redirect attention
- Be respectful
- Answer questions
- While utilizing verbal intervention strategies to deescalate a crisis situation try to keep the following things in mind.
- Stay calm. Students can often pick up fear and anxiety in your words, voice and body language.
- Be supportive. Show this in your words, voice and body language. Remember that your goal is to support and promote learning, not to control and punish.
- Monitor your preverbal. Be sure that your words match how you say them.
- Give choices/consequences in a calm, clear and simple manner. Be sure that the choices, reinforces and consequences are reasonable and enforceable.
- Avoid power struggles at all costs. They only serve to reinforce the undesired behavior and takes the focus off of the choices that the student is making. It sets up a feeling of "me verses you"
- Redirect inappropriate behavior through limit setting

- Listen to what the student is saying through their words and actions. This gives invaluable information as to what the student is experiencing and can guide you toward effective interventions.
- Be aware of your kinesics and proxemics to avoid escalating the situation.

**Don'ts:**
- Overreact
- Threaten
- Be judgmental
- Use sarcasm
- Invade personal space
- Make false promises
- Don't overreact. This almost always escalates a crisis situation.
- Don't threaten. Long term threats are ineffective and only serve to set up power struggles
- Don't be judgmental. The goal is to support and to help students learn from their behavior. Remember that a relationship is the best intervention to address challenging behavior.
- Don't use sarcasm. Although a form of humor, it is quite sophisticated and is often perceived by student as someone making fun of them. This will definitely escalate behavior.
- Don't invade a student's personal space. It is important to be aware that personal space will differ for each student.
- Do not make false promises. This will backfire and future promises of reinforces or consequences will be quickly dismissed by the student and will lose their effectiveness.
- And lastly, don't give too many choices. Provide choices in a calm, clear and simple manner. Less is more.

**Strategies for Managing Escalating Behavior**
- Transform problems into success.
- Effective de-escalators demonstrate confidence, empowerment, leadership, and a desire to shift toward long-term relationships.

**Visual – Reality**

**Summary**
Severe problem behavior can be described by a seven-phase conceptual model. Specific behaviors can be identified for each phase of this model. The primary purpose of classifying behavior in this way is to enable practitioners to understand the behavioral processes involved in escalating interactions between teachers and students. The descriptions tell the teachers which problematic student behavior to expect at each stage of potentially explosive situations.

Strategies and procedures were described for managing student behavior at each phase in the cycle. The basic intent of the strategies is to arrest the behavior at that point in the chain, thereby preventing further escalation and, at the same time, to set the stage for students to engage in appropriate alternative behavior.

The overall emphasis is on identifying the early behaviors in the chain, redirecting the students toward appropriate behavior, and subsequently pre-empting the acting-out cycle of serious behavior. In Phases One through Four (Calm, Triggers, Agitation and Acceleration), the emphasis is on effective teaching and proactive management practices. In the remaining phases, the emphasis is on safety, crisis management, and follow-up.

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## Section 4:

Mental Health and Behavioral Needs of
Children with Disabilities or Special Needs
(4 hours)

**4.0 Unit Goal: Define Mental Health Disorder and better understand mental health disorders, Special Education in public schools, developmental disorders commonly seen in schools, and how to respond appropriately.**

The practice of "school mental health" in recent years has taken on a much broader meaning, with an increasing emphasis on the host of possibilities that schools provide for clinicians, teachers, administrators, students, families, and community members to collaborate in promoting the overall well-being of all students. Whatever your location and whatever your circumstances, a vision of progress toward "expanding" your school's mental health services is critical to the school's sustained effectiveness in meeting the needs of its student.

**Objectives:**

4.1 Be able to define Mental Health Disorder and better understand the mental health implications present in schools.
4.2 Gain an understanding of Mental health disorders common in schools, how to identify them, and the implications on school safety.
4.3 Gain a better understanding of Special Education in public schools.
4.4 Learn about the two developmental disorders commonly seen in our schools, how to respond, and the implications on school safety.
4.5 Learn how to respond appropriately to students with mental health disabilities.

## Objective 4.1 – Be able to define Mental Health Disorder and better understand the mental health implications present in schools.

### What does "Mental Health Disorder" mean?

Professional definition: Diagnosed by a mental health professional based on behaviors and thinking and utilizing the DSM-5

TAC Chapter 416.3:

- (31) Mental health disorder--Health conditions involving changes in thinking, mood, and/or behaviors that are associated with distress or impaired functioning.
- Serious mental illnesses include anxiety disorder, ADHD, depressive and other mood disorders, eating disorders, schizophrenia, and others.

Disrupts the person's ability to:

- Work or attend school
- Engage in satisfying relationships
- Carry out daily activities

**Implications of Student Mental Health on School Performance**

- Children living with mental illness fail more classes, earn lower grade point averages, miss more days of school, and are retained at grade level more often than students living with other disabilities.
- Approximately 50% of students aged 14 and older living with mental illness drop out of high school—the highest dropout rate of any disability group.

**Implications of Student Mental Health on School Safety**

- Children living with mental illness are 3x's more likely to be arrested before leaving school than other students.
- Research shows that 70% of youth in the juvenile justice system have one or more psychiatric disorders.

A substantial number of children suffer from serious emotional or behavioral problems. But, as research has also documented, most children do not receive care for these problems. And those at the greatest risk of problems, children and youth living in poverty or isolated rural areas, children belonging to racial minorities, or living in foster care, are even less likely to get help.

We know that there are a variety of treatments for most mental health problems and that they work. However, limited prevention and early intervention services in most communities; as well as inadequate financing, challenges those committed to improving children's lives.

## Objective 4.2 – Gain an understanding of Mental Health Disorders common in schools, how to identify them, and the implications on school safety.

### The Major Types of Mental Disorders

While depression and anxiety are two of the most common disorders, mental illness includes many different conditions that range from mild to moderate to severe.

### Mental Health Disorders Commonly Seen in Our Schools - visual

Emotional Disturbance:

- Depression
- Anxiety Disorders
- Bipolar Disorder

Other health impairment:

- ADHD
- ODD (Oppositional Defiant Disorder)

As long as so many students have social, emotional, and physical health deficits and other persistent barriers to learning, schools must find increasingly more potent ways to address such factors so that these youngsters can benefit appropriately from their schooling. This includes enhancing healthy development.

**Depression**

- Depression (also called major depressive disorder or clinical depression) is a common but serious mood disorder. It causes severe symptoms that affect how you feel, think, and handle daily activities, such as sleeping, eating, or working.
- To be diagnosed with depression, the symptoms must be present for at least two weeks.

**Symptoms of Depression**

- Down mood/irritable
- Diminished interest or pleasure
- Weight loss/gain
- Insomnia/hypersomnia
- Agitation/restless
- Fatigue or energy loss

Significant distress or impairment is manifested by five of the nine criteria listed below, occurring nearly every day for 2 weeks.

These symptoms must represent a change from previous functioning and that either depressed or irritable mood or diminished interest or pleasure must be present to make the diagnosis.

- Feelings of worthlessness
- Diminished ability to think or concentrate
- Persistent sadness and hopelessness
- Missed school or poor school performance
- Lack of concentration or forgetfulness
- Poor self-esteem
- Guilt
- Frequent somatic complaints
- Substance abuse
- Recurrent thoughts of death and suicidal ideation

Everyone goes through the normal ups and downs of life. Someone with depression is stuck in that down part of life. They cannot just get over it or span out of it. The feelings they are dealing with consume their life, they are stuck feeling worthless, sad and lonely. These feeling will keep the child from doing day-to-day activities. Depression can last weeks, months or even years. Self-harming behavior is common among people dealing with depression, cutting on arms legs, and attempts on one's

own life. It is a very serious problem for the person affected and the family of the person.

**Depression Interventions**

- Set realistic expectations
- Record and remind students of their accomplishments.
- Sincerely encourage them for their efforts and achievements.
- Depression in children and adolescents is treatable and responds well to medical intervention.
- Students with depression need encouragement and positive reinforcement.
- Flexibility of academic and personal deadlines can be an important additional resource in the treatment of depression.
- Teach them to be optimistic about the future.
- Provide extra time/effort with student.
- Offer patience and support

**Attention Deficit Hyperactivity Disorder (ADHD)**

Attention deficit hyperactivity disorder (ADHD) is a condition in which characterized by inattention, hyperactivity, and impulsivity:

- Falls under OHI.
- ADHD is most commonly diagnosed in young people, according to the Center for Disease Control and Prevention (CDC).
- An estimated 10% of children between ages 3–17 have ADHD.

**Video - What ADHD Feels Like**
https://www.youtube.com/watch?v=NL483G4xKu0

***INSTRUCTOR NOTES:***
***Watch video and discuss with class.***

**ADHD – Neurological Disorder**

- The average person's brain is wired for cognitive thinking, while the ADHD brain is wired for intuitive thinking.
- Cognitive Thinking - an active application of the cerebral cortex, whereby personal history, knowledge, and active cognitions are employed in a conscious manner to solve problems (rational thought).
- Intuitive - an instantaneous process that is seemingly unconscious. It is automatic consuming no apparent effort or time (impulsive reaction).

**Symptoms of ADHD**

Signs of inattention include:

- Difficulty focusing attention or completing a single task or activity.
- Losing things such as school supplies or toys.

- Lack of motivation.
- Lack self-esteem.
- Difficulty processing information quickly.
- Struggles to follow multi-step directions.

Signs of hyperactivity include:

- Fidgeting and squirming, having trouble sitting still
- Touching or playing with everything.
- Non-stop talking; difficulty doing quiet tasks or activities.

**Video - ADHD vs No ADHD**
https://www.youtube.com/watch?v=-IO6zqIm88s

***INSTRUCTOR NOTES:***
***Watch video and discuss with class.***

**Implications of ADHD**

- Difficulty sustaining attention to a task may contribute to missing important details, and difficulty organizing thoughts.
- Implications of ADHD can also cause persistent behavioral challenges.
- Impulsivity may lead to careless errors, responding to questions without fully formulating the best answers, and only attending to activities that are entertaining or novel.

The school experience can be challenging for students with ADHD.

Students usually are identified only after consistently demonstrating a failure to understand or follow rules or to complete required tasks.

The disruptive behavior associated with the disorder make students more susceptible to suspensions and expulsions.

Other common reasons for referral include frequent classroom disruptions and poor academic performance.

**Anxiety Disorder**

- Anxiety disorders differ from normal feelings of nervousness or anxiousness and involve excessive fear or anxiety.
- Anxiety refers to anticipation of a future concern and is more associated with muscle tension and avoidance behavior.
- Anxiety disorders are most common mental disorders and affect nearly 30% of adults at some point in their lives.
- Anxiety disorder is persistent, excessive fear or worry in situations that are not threatening.
- Anxiety disorder is the most common mental health concern in the U.S.

- The symptoms can interfere with daily activities such as job performance, schoolwork, and relationships.
- Approximately 8% of youth experience the negative impact of an anxiety disorder.
- Affects 20–30% of students referred to clinics for behavior problems.
- Equal prevalence in boys and girls.

**Symptoms of Anxiety Disorder**

- Negativity
- Constant feelings of apprehension or dread
- Being tense and jumpy, restlessness or irritability.
- Anticipating the worst and being watchful for signs of danger.

Preparing students with anxiety for upcoming events, assignments, etc. can be helpful.

In severe cases, providing an isolated location for a student to complete assignments may also be helpful.

Can easily lead to substance abuse.

- Pounding or racing heart and shortness of breath.
- Upset stomach, frequent urination, or diarrhea.
- Sweating, tremors, and twitches
- Headaches, fatigue, and insomnia

**Implications of Anxiety**

- Easily frustrated which results in difficulty completing schoolwork.
- Excessive worry resulting in taking much longer to finish than other students.
- Refusal to being out of fear that they won't be able to do anything right.
- Their fears of being embarrassed, humiliated, or failing may result in school violence.
- Children are not likely to identify feelings which may make it difficult for educators to fully understand the reason behind poor school performance.

Because students with anxiety disorders are easily frustrated, they may have difficulty completing their work. They may worry so much about getting everything right **that they take much longer to finish than other students.** Or they may simply refuse to begin out of fear that they won't be able to do anything right. Their fears of being embarrassed, humiliated, or failing may result in school avoidance. Getting behind in their work due to numerous absences often creates a cycle of fear of failure, increased anxiety, and avoidance, which leads to more absences.

Furthermore, children are not likely to identify anxious feelings, which may make it difficult for educators to fully understand the reason behind poor school performance.

**Obsessive-Compulsive Disorder (OCD)**

- Obsessive -Compulsive Disorder (OCD)
  - › Repetitive thoughts and urges (obsessions)
  - › Repetitive behaviors and mental acts (compulsions)
- Obsessions are defined by
  - › Recurrent, persistent, intrusive, unwanted thoughts, urges, or images.
  - Compulsions are defined by
    - › Repetitive behaviors or thoughts that the person feels compelled to perform to prevent distress or a dreaded event.

Obsessions

- The person attempts to ignore, suppress, or neutralize the thoughts, words, or images.
- The acts are excessive or unlikely to prevent the dreaded situation.

Compulsions

- The person feels driven to perform the repetitive behaviors or thoughts in response to obsessions or according to rigid rules
  - › The obsessions or compulsions are time consuming (e.g., at least one hour per day) or cause clinically significant distress or impairment.
  - › Obsession or compulsions develop either before age 10 or during late adolescence/early adulthood.

Medications

- SSRIs (serotonin reuptake inhibitors)
- Tricyclic antidepressants: Anafranil (clomipramine)

Exposure plus response prevention (ERP)

- Not performing the ritual exposes the person to the full force of the anxiety provoked by the stimulus.
- The exposure results in the extinction of the conditioned response (the anxiety)

Cognitive therapy

- Challenge beliefs about anticipated consequences of *not* engaging in compulsions
- Usually also involves exposure.
- More common in women:
  - › 1.5 times more common in women than in men
- OCD is often chronic.
- The pattern of symptoms is similar across cultures.

**Implications of OCD**

- Students who have untreated OCD are likely to have a very difficult time concentrating in the classroom and completing homework assignments.

Students with OCD may appear to be daydreaming, distracted, disinterested, or even lazy. They may seem unfocused and unable to concentrate. But they are really very busy focusing on their nagging urges or confusing, stressful, and sometimes terrifying OCD thoughts and images. They may also be focused on completing rituals, either overtly or covertly, to relieve their distress.
They may experience overwhelming anxiety or strong urges, possibly describing the feeling of mounting anxiety or intensifying urges as if they were a rising volcano or a tea kettle about to boil – and relief comes when the pressure is released.

While frustrating to educators, OCD may be torture for the students who have it. This disorder may be difficult to identify because its observable symptoms are similar to other conditions and mental disorders, and mental rituals cannot be observed. Symptoms in children and adolescents can change over time, and they tend to wax and wane for no apparent reason. School personnel who have a good understanding of the variety of behaviors that may signal OCD are better equipped to initiate a plan to assist the student.

Unfortunately, the release is usually a compulsive behavior that may be disruptive to learning and possibly to the classroom.

**OCD Video-Rafael**
https://www.youtube.com/watch?v=GPcIrNnsruc

**Emotional Disturbance (ED) Defined**

A condition exhibiting one or more of the following over a long period and to a marked degree that adversely affect a child's educational performance:

- An inability to learn that cannot be explained by intellectual, sensory, or health factors.
- An inability to build or maintain satisfactory interpersonal relationships with peers or teachers.

**Emotional Disturbance (ED) Defined - continued**

- Inappropriate types of behavior or feelings under normal circumstances
- A general pervasive mood of unhappiness or depression
- A tendency to develop physical symptoms or fears associated with personal or school problems.

**Emotional Disturbance (ED)**

Characteristics:

- Repetitively defiant towards those in authority
- Inability to make rational and appropriate responses
- Need for physical space
- Hyperactivity
- Aggression or self-injurious behavior

- Have frequent and severe tantrums

***INSTRUCTOR NOTES:***
***Collaboration among all professionals involved with the student is imperative so strategies are consistent for the student.***

Students with behavioral health conditions—disabilities that may manifest in behaviors that school staff deem anti-social, bizarre, aggressive, or disruptive—can be subjected to repeated isolation, segregation, disciplinary removals, and complete loss of access to an education. Exclusionary disciplinary practices are even more prevalent for students of color with behavioral health conditions.

Characteristics (continued):
- Verbal abuse
- Often overreact
- Withdrawn
- Attention Seeking

**Impact of Emotional Disturbance**
- The combination of social and academic difficulty results in classroom problems such as disruptive and off-task behavior
- Students with ED are at a higher risk for substance abuse.

**Emotional Disturbance (ED)**
What to do:
- Structure
- Clearly established boundaries and expectations
- Parent involvement
- Collaboration within the school and outside agencies
- Positive behavioral interventions and supports.

**Elaboration: Refer to slide-**
Positive behavioral supports are the strategies to be used in classrooms and in the behavior intervention plan.

In general, design specific schedules to maximize instructional time and responsible behavior while minimizing wasted time and irresponsible behavior.
- Arrange the physical space so that it promotes positive student/teacher interactions and reduces the possibility of disruptions
- Decide upon a signal to get students' attention. Teach them to respond to the signal by focusing on you and maintain complete silence. One effective signal is raising of the hand. When others see this signal, they also raise the hand and stop talking.
- Design efficient and effective procedures for the beginning and ending the school day or class period. Post student expectations so all can see.

- Identity and post 3-6 rules that will be used to provide positive and corrective feedback
- Design procedures for assigning, monitoring, and collecting student work.
- Related services might include counseling, psychological services, social work and parent counseling. Collaboration among all professionals involved with the student if imperative so strategies are consistent for the student.

**Watch Video Emotional Disturbance (ED)**
https://www.youtube.com/watch?v=8e55AbDswe8&t=23s

**Bipolar Disorder**

- Bipolar disorder is a mood disorder, also known as manic depressive disorder or manic depression, and is a serious mental illness.
- It's a disorder that can lead to risky behavior, damaged relationships and careers, and even suicidal tendencies if it's not treated.

In general, **impairments in social behaviors and adjustment** have been demonstrated, regardless of the state the individual is currently in when compared to control subjects.

**Over half of early onset BPD had no friends, were teased by other children, and had poor social skills. They also had poor relationships with siblings and high-tension relationships with their parents.**

**Predictors of recovery and relapse** are also available from family environment: For example, living in a household with an **intact family** unit (biologic mother and father) is a significant predictor of recovery for individuals with mania. These individuals were twice as likely to recover as their counterparts. Conversely, individuals with reported **low levels of maternal warmth** were 4 times more likely to relapse.

- Bipolar disorder is characterized by extreme changes in mood, from mania to depression. Between these mood episodes, a person with bipolar disorder may experience normal moods.
- Associated impairments:
  - › Recognition and regulation of emotion
  - › Social problem-solving impaired
  - › Self-esteem issues
  - › Poor impulse control

**Associated Impairments**

Suicidal behaviors and Bipolar:

- Prevalence of suicide attempts: 20-60%

- Rate of suicide is approximately 10-30 times higher than the corresponding rate in the general population
- Multiple attempts
- Suicidal ideation

With regard to suicide attempts, individuals with BPD have significantly higher rates, even when compared with other psychopathologies such as unipolar depression. **Prevalence data indicates that between 20-60 % of individuals with bpd attempt suicide.**

**Video – Meet Tawney**

This video sets up the example of how to respond. Dr. Thompson displays a good way to respond to Tawney's behavior. He encourages the pro-social behaviors.

**Discussion**
What are characteristics that you see that Dr. Thompson used in responding to a student with a disability?

## Objective 4.3 – Gain a better understanding of Special Education (SpEd) in public schools.

**13 Disability Categories**

1. Intellectual disability
2. A hearing impairment including deafness
3. A speech or language impairment,
4. A visual impairment
5. Blindness

States can establish criteria in the disability areas and frequently do, establishing policies of their own that explain each of these disabilities in their own terms (provided that all children with disabilities who are in need of special education and related services who have impairments listed in the definition of "child with a disability" in IDEA and the final regulations are identified and receive appropriate special education and related services).

6. Emotional disturbance
7. An orthopedic impairment
8. Autism
9. Traumatic brain injury
10. Other health impairment
11. A specific learning disability
12. Deaf blindness
13. Multiple disabilities

And who needs special education and/or related services.

**Special Education Acronyms**

- *IDEA*
- *504*
- *FAPE*
- *LRE*
- *ARD*
- *IEP*
- *FBA*
- *BIP*
- *MDR*
- *FERPA*
- *HIPAA*

***INSTRUCTOR NOTES:***
***These are the most common SpED terms you might hear. Ask how many acronyms each participant knows by show of hands. Start with 11 and count down.***

**Acronym #1 – IDEA**
Individuals with Disabilities Education Act

- Our nation's special education law.
- How schools get federal funding

IDEA authorizes special education and related services in the United States. More than 7 million children with disabilities are served under its provisions.

IDEA also authorizes a wide range of supports to improve the results and outcomes that children with disabilities achieve in our schools and communities.

**Acronym #2 – 504**

- Section 504 of the Rehabilitation Act of 1973 covers a broader range of disabilities then IDEA, meaning that more children are entitled to protections under it than are under IDEA.
- Section 504 protects all people with a disability who 1) have a physical or mental impairment that substantially limits one or more major life activity, 2) have a record of such an impairment, or 3) are regarded as having such an impairment.
- Section 504 is of the Rehabilitation Act of 1973 is an anti-discrimination act, meaning that it aims to remove barriers to equality that stand between disabled and non-disabled people. In special education programs, the services, and accommodations available under Section 504 aim to bridge these gaps.

Any programs that receive federal funding (i.e., all U.S. public schools) are required to recognize Section 504.

**Acronym #3 – FAPE**
Free Appropriate Public Education

- What states must make available to all children with disabilities.

IDEA entitles children with disabilities to a "**free appropriate** public education"; this is often referred to as FAPE. This means schools must provide to eligible children with a disability specially designed instruction to meet their unique needs; it must be **provided at no cost to the child's parents**. This specially designed instruction is known as special education.

**Acronym #4 – LRE**
Least Restrictive Environment

- Children with disabilities are to be educated with children who do not have disabilities to the maximum extent appropriate.

A child's LRE is the environment where the child can receive an appropriate education designed to meet his or her special educational needs, while still being educated with nondisabled peers to the maximum extent appropriate.

LRE also depends on the individual child and that child's specific needs, specific strengths, established goals, and the supports and services that will be provided to support the child in reaching those goals.

**Acronym #5 – ARD**
Admission, Review, and Dismissal

- A meeting where the IEP Team, made up of a student's parents and school staff, meet at least annually.

This annual review of a student's special education program includes an update of the student's progress, a review of the current Individualized Education Program (IEP), and development of an IEP for the upcoming year.

In Texas this is what we call the IEP Team which made up of a student's parents and school staff who meet at least annually to:

- decide whether or not the student has an eligible disability,
- determine what special education and related services will be provided, and
- develop an individualized education program.

**Acronym #6 – IEP**
Individualized Education Program

- Every public school child with a disability receiving IDEA-funded special education must have an IEP.

IDEA 2004 requires that each public school child with a disability who receives special education and related services must have an IEP.

The definition for FAPE includes a direct reference to the IEP, which is a cornerstone in the education of each child with disabilities. Cornerstones are very important in holding buildings up. The IEP is just as important to children with disabilities.

**Acronym #7 – FBA**

Functional Behavior Assessment

- Children exhibiting behaviors that impede their learning or that of others receive, with consent, an FBA.

FBA is a functional behavior assessment. Staff must have consent. Is the data required to make data-driven decisions so the child can receive an appropriate education designed to meet his or her special educational needs, while still being educated with nondisabled peers to the maximum extent appropriate.

**Acronym #8 – BIP**

Behavior Intervention Plan

- A plan designed based on individual needs of the child to assist in appropriate behavior management and interventions.

BIP details depends on the individual child and that child's specific needs, specific strengths, established goals, and the supports and services that will be provided to support the child in reaching those goals.

**Acronym #9 – MDR**

Manifestation, Determination, and Review

- A meeting where the IEP Team determines if the violation of the student code of conduct committed is associated with the students' disability and/or whether the LEA is at fault for failing to implement the IEP as directed.

When a child is being considered for a more restrictive placement based on discipline.

The ARD committee determines if there is a causal relationship between the behavior for which the student was suspended and the student's disability (or a suspected disability of which school had knowledge before incident).

NOTE: It is NOT the purpose of an MDR to decide if the student did what he/she is accused of doing or to decide what the student's punishment should be.

When a child is being considered for a more restrictive placement based on discipline:

- suspension of 10+ days for the year

- removal to a disciplinary alternative education program (DAEP)
- expulsion

**Acronym #10 – FERPA**
Family Educational Rights and Privacy Act

- Ensures the parents have access to their child's educational records and protects the rights of the parents and children by limiting access to others without parental consent.

The Family Educational Rights and Privacy Act (FERPA) is a federal law that protects the privacy interests of students. It affords parents the right to access and amend their children's education records and gives them some control over the disclosure of the information in these records.

FERPA generally prevents an education agency or institution from sharing student records, or personally identifiable information in these records, without the written consent of a parent.

34 CFR § 99.31(a)(1). Generally, a school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.

FERPA-related violations may have serious repercussions. A school district found to have violated FERPA will be required to implement a plan of action to ensure compliance, and schools that refuse to comply risk losing federal education dollars. Therefore, it is essential to train school staff in FERPA requirements, especially since the Family Policy Compliance Office (FPCO) investigates entire school districts even when complaints are filed against individual school officials.

Are law enforcement records protected under FERPA?

"Law enforcement unit records" (i.e., records created by a law enforcement unit at the educational agency or institution, created for a law enforcement purpose, and maintained by the law enforce unit) are not "education records" subject to the privacy protections of FERPA.

As such, the law enforcement unit may refuse to provide a parent or eligible student with an opportunity to inspect and review law enforcement records, and it may disclose law enforcement unit records to third parties without the parent or eligible student's prior written consent.

Protects the child with confidentiality and allows parents to have access to child's educational records.

**Acronym #11 – HIPAA**
Health Insurance Portability and Accountability Act of 1996

- Federal Law that protects the privacy of individually identifiable health information.

In 1996, Congress enacted the Health Insurance Portability and Accountability Act (HIPAA) to ensure continued health insurance coverage to individuals who change jobs, and to establish standards regarding the electronic sharing of health information.

For purposes of HIPAA, “covered entities” include health plans, health care clearinghouses, and health care providers that transmit health information in electronic form in connection with covered transactions (45 CFR 160.103).

**Acronym #11 – continued**

- Protected Health Information (PHI) may be disclosed to avoid a serious threat to health and safety.
- “…if the covered entity, in good faith, believes the use or disclosure is necessary to prevent or lessen a serious and imminent threat to health or safety.

Technically, schools and school systems that provide health care services to students may qualify as “covered entities” under HIPAA. However, the final regulations for the HIPAA Privacy Rule exclude information considered “education records” under FERPA from HIPAA privacy requirements. This includes student health records and immunization records maintained by an education agency or institution, or its representative; as “education records” subject to FERPA, these files are not subject to HIPAA privacy requirements.

- The disclosure must be to a person reasonably able to act appropriately…”

**Video – School Discipline: How IEPs and 504 Plans Protect Kids**

## Objective 4.4 – Learn about the two developmental disorders commonly seen in our schools, how to respond, and the implications on school safety.

### Developmental Disorders Commonly Seen in Our Schools

Two most common developmental disorders you will see:

- Autism (Autism Spectrum Disorder – ASD)
- Intellectual Disability (ID) (formerly known as Mental Retardation)

As long as so many students have social, emotional, and physical health deficits and other persistent barriers to learning, schools must find increasingly more potent ways to address such factors so that these youngsters can benefit appropriately from their schooling. This includes enhancing healthy development.

All the efforts are meant to contribute to reduction of problem referrals, an increase in the efficacy of mainstream and special education programs, and enhanced instruction and guidance that fosters healthy development. When given the opportunity personnel dealing with mental health and psychosocial concerns also can contribute to program development and system reform, as well as helping enhance school-community collaborations.

**Video - Big Bang**

**Autism Spectrum Disorder**

- Affects 1 in 68 persons
- Male to Female Ratio: 5 Boys to 1 female
- Generally appears before age 3
- Characteristics:
  - › Difficulties in social interaction,
  - › Difficulties in verbal and nonverbal communication (including lack of eye contact)
  - › Repetitive behaviors (including attachment to objects, resistance to change, and adherence to routines).

***INSTRUCTOR NOTES:***
***Students can display varying degrees on the spectrum, from mild to severe.***

**ASD Characteristics**

Individuals experience mild, moderate, or severe issues with:

- Sensory integration
- Cognition
- Interests and activities
- Hypersensitive to touch
- Have rituals that are difficult to change
- Develop odd or repetitive movements - stimming
- Avoids eye contact
- Hard time reading body language/ social cues

**ASD – How to Respond**

- Reduce use of words
- Provide visuals
- Make simple, clear expectations/directives
- Allow physical movement
- Give two acceptable choices
- Refrain from sarcasm
- Refrain from using humor
- Stay on schedule

**Intellectual Disability**

- I.Q. is below 70
- Characterized by a combination of deficits in both cognitive functioning and adaptive behavior.

**Characteristics of ID**

- Significant limitations in the ability to adapt and carry-on everyday life activities such as self-care, socializing, communicating, etc.
- Limited ability to reason, plan, think abstractly, comprehend complex ideas, learn quickly, and learn from an experience.
- Difficulties with memory recall.
- They lag significantly behind grade-level peers in developing academic skills.
- Students with ID have difficulty with different types of attention, including orienting to a task, selective attention, and sustaining attention to a task.
- Students with ID may not understand appropriate responses to typical situations.
- Demonstrate a tendency towards low motivation and learned helplessness.
- Difficulties with conceptual skills, social skills, and practical skills.
- Exhibit deficits in choice making, problem solving, and goal setting.

## Objective 4.5- Learn how to respond appropriately to students with mental health disabilities.

**Responding to a Student with a Mental Health Diagnosis**

- Try not to confront the person, criticize, or blame.
- Don't take delusional comments personally.
- Be aware that the young person's feelings are very real.
- Be aware of your body language and facial expressions.
- Be positive with your feedback.
- Refrain from the use sarcasm or patronizing statements.
- Listen non-judgmentally.
- Using "I" statements, state nonjudgmentally what you have noticed.

**Action Plan**

- Be familiar with the early warning signs of emotional and behavioral health problems.
- Be better informed on how to respond when students share sensitive personal information.

School safety is better when students feel truly welcome and have a range of social supports. A key facet of welcoming is to connect new students with peers and adults who will provide social support and advocacy. Over time, caring is best maintained through personalized instruction, regular student conferences, activity fostering

social and emotional development, and opportunities for students to attain positive status.

- Know who the mental health professionals are in your building and how they can help students.
- Know the policies and procedures of the school when responding to mental health needs, including those that reach crisis proportions.

**Mental Health Summary**

Since children spend much of their productive time in educational settings, schools provide a unique opportunity to identify and treat mental health conditions by serving students where they are.

Research demonstrates that students who receive social–emotional and mental health support achieve better academically. School climate, classroom behavior, on-task learning, and students' sense of connectedness and well-being all improve as well. Mental health is not simply the absence of mental illness but also encompasses social, emotional, and behavioral health and the ability to cope with life's challenges. Left unmet, mental health problems are linked to costly negative outcomes such as academic and behavior problems, dropping out, and delinquency.

Unfortunately, estimates of up to 60% of students do not receive the treatment they need due to stigma and lack of access to services. Of those who do get help, nearly two thirds do so only in school.

Being trained to work within this mindset is essential to being effective and truly making a difference.

Connections between students and adults is essential to creating a school culture in which students feel safe and empowered to report safety concerns, which is proven to be among the most effective school safety strategies.

Increased access to mental health services and supports in schools is vital to improving the physical and psychological safety of our students and schools, as well as academic performance and problem-solving skills.

- Mentally healthy children are more successful in school and life.
- There is a growing and unmet need for mental health services for children and youth.
- Unfortunately, estimates of up to 60% of students do not receive the treatment they need due to stigma and lack of access to services.
- Schools offer an ideal context for prevention, intervention, positive development, and regular communication between school and families.
- School mental health services support the mission and purpose of schools: Learning
- Investing in children's mental health improves the lives of children and families. When children get the right care at the right time, we can prevent negative outcomes like school failure, hospitalization – and even suicide.

**Video – Officer Mitch**

**Health Resources for Schools**

- SAMHSA Child and Adolescent Mental Health Information: www.mentalhealth.samhsa.gov/child/childhealth.asp
- The UCLA Center for Mental Health in Schools: http://smhp.psych.ucla.edu
- Center for School Mental Health Analysis and Action: http://csmha.umaryland.edu

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## Section 5:

Positive Behavioral Interventions and Supports and
Restorative Justice
(4 hours)

**5.0 Unit Goal: Introduction to Positive Behavioral Interventions and Supports in schools, utilization of PBIS, and conflict resolution and restorative techniques in the classroom. Understanding of circle structure, elements, types of circles, and how to facilitate community building circles. Discover restorative justice techniques and how to build healthy relationships between parents, students, staff, and SBLE.**

**Formal vs Informal Contact with Students:**
Formal – interaction with students involving a criminal matter/safety issue (beach of the peace).

Informal – interaction with students that involve promoting positive relationships to include presentations and restorative processes.

***INSTRUCTOR NOTES:***
***Reminder of TEC 37.081 and how it applies.***

**Objectives:**

5.1 Discuss an introduction of Positive Behavioral Interventions and Supports in the school-based environment.
5.2 Describe the utilization of instructional strategies when presenting information concerning PBIS, conflict resolution techniques, and restorative justice techniques to the classroom environment.
5.3 Explain circle structure, elements, and types of circles.
5.4 Discover information on restorative justice techniques and its ability to build healthy relationships between parents, students, staff, and SBLE Officers.
5.5 Gain understanding on how to facilitate a community building circle.

## Objective 5.1 – Discuss an introduction of Positive Behavioral Interventions and Supports in the school-based environment.

**What is PBIS?**

- Decision making framework guiding selection, integration, & implementation of best evidence-based academic & behavioral practices for improving important academic & behavior outcomes for all students
- PBIS refers to a broad set of research validated strategies designed to create school environments that promote appropriate action of all students

***INSTRUCTOR NOTES:***
***Ask participants how many have heard of PBIS? What does it mean to them?***

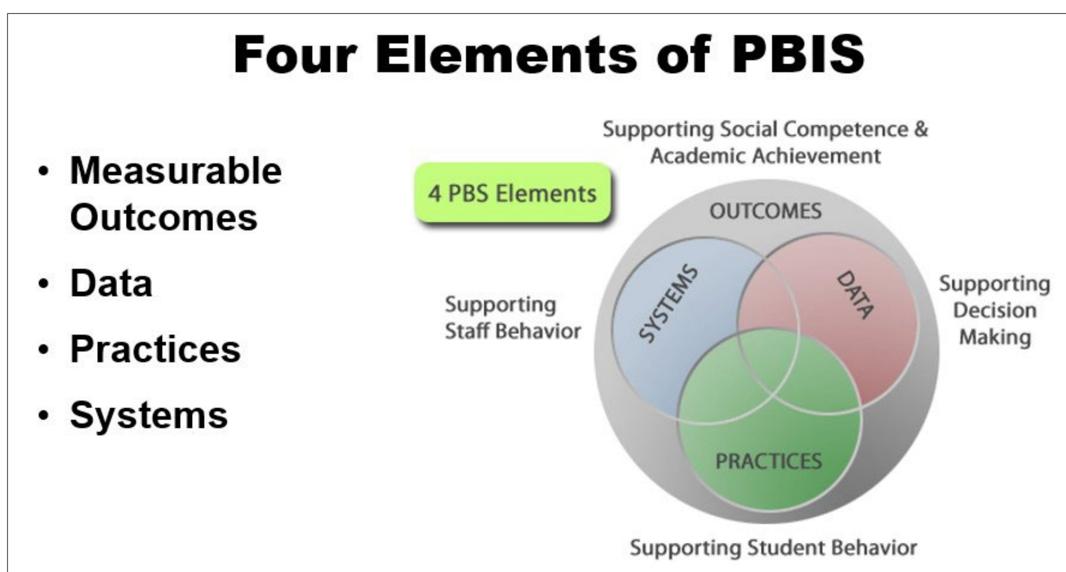
This course is intended to identify and learn application techniques to implement Restorative Justice Discipline over Punitive Discipline. Each module within this session will address the need and responsibility of each participant to understand the WHY,

WHEN and HOW of using the Restorative Justice tools to effectively identify and address the needs of the students, family, community, and staff of each officer.

***INSTRUCTOR NOTES:***
***Process can be used across all systems.***

Supporting Objectives:
1. Understanding the "Why" through data
2. Obtaining knowledge of the philosophy of Restorative Justice and the application of the process through experiential learning through circle exercises.

**4 Elements of PBIS:**




1. <u>Measurable Outcomes</u>
   Measurable outcomes are seen when we address data, systems, and practices in our districts & campuses

***INSTRUCTOR NOTES:***
***Explain Measurable Outcomes.***

2. <u>Data</u>
   Data drives what systems are designed within schools, which helps support the adult behavior in the district or campus
3. <u>Practices</u>
   Practices are developed based on data within systems and support student behavior

***INSTRUCTOR NOTES:***
***Explain Practices.***

4. Systems
   Refer back to the data and implement systems and practices to determine if those systems are effective or ineffective. The data will show if the outcomes desired are being reached with the systems or practices and whether there is need to continue, tweak, or drop those practices that are not working.

***INSTRUCTOR NOTES:***
***Should see a high correlation between academics and behavior when implementing PBIS. PBIS requires that we have a continuum of behavioral supports to address students' needs within each of the tiers of the three-tiered model we use for both.***

The 4 elements of PBIS are represented here visually. Measurable outcomes are seen when we address data, systems, and practices in our districts & campuses. Data drives what systems are designed within schools, which helps support the adult behavior in the district or campus. Practices are developed based on data within systems and support student behavior. We refer back to the data as we implement systems and practices to determine if those systems are effective or ineffective. The data will tell us if the outcomes we desired are being reached with our systems or practices and whether we need to continue, tweak, or drop those the data tells us are not working.

Using this process will help school professionals make effective and efficient decisions. School resources are limited, and you want to use systems and practices that will maximize effectiveness so that not only will one be able to see behavioral outcomes, but those related to academic achievement as well.

**Six Driving Principles of PBIS**

1. Develop Continuum of evidence-based academic & behavior supports
2. Use data to make decisions & solve problems
3. Arrange environment to prevent development & occurrence of problem behavior
4. Teach and reinforce pro-social skills and behavior
5. Implement evidence-based practices with fidelity and accountability
6. Screen universally & monitor student performance & progress continuously

The six driving principles of PBIS will look familiar in some respects if you are currently running Response to Intervention (RtI) academically on a campus. We do follow many of the same processes behaviorally as we do academically, so you should see a high correlation between academics and behavior when implementing PBIS. Let's take a moment to look at each one.

**Continuum of Supports**

A. Multi-Tiered Model
B. Based on Behavior: Response to Intervention (RTI)

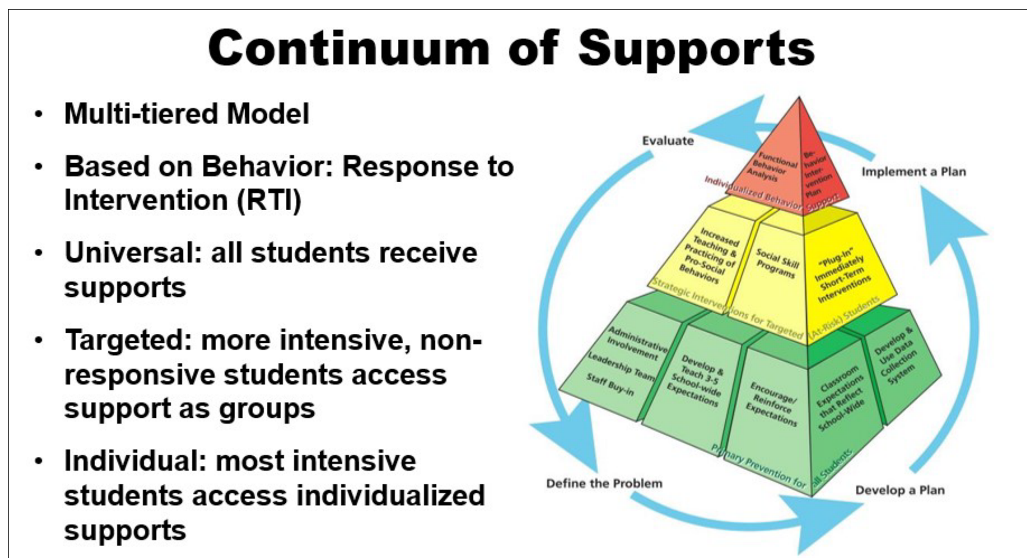
***INSTRUCTOR NOTES:***
***Response to intervention.***

**<u>Three Tiers:</u>**

**1. Universal -** all students receive supports

a. Behavior expectations defined
b. Behavior expectations taught
c. Reinforcement system for good behaviors
d. Continuum of consequences for problem behaviors
e. Continuous collection and use of data

***INSTRUCTOR NOTES:***
***1 is similar to laying a foundation – chart explains critical elements.***




**2. Targeted -** more intensive students access supports as groups

a. Universal screening
b. Progress monitoring for at-risk
c. System for increasing structure and predictability
d. System for increasing contingent adult feedback
e. System for linking home/school communications
d. Collection and Use of data for decision-making

***INSTRUCTOR NOTES:***
***2 is a smaller targeted group but not yet in need of individualized practices.***

**3. Individual -** Most intensive students access individualized supports

1. Individualized assessment-based interventions
   a. Antecedent strategies
   b. Replacement behaviors
   c. Self-management strategies
   d. Reinforcement procedures
   e. Extinction procedures
   f. Safety consequences if needed

**PBIS Results**

- Less reactive, aversive, and exclusionary
- More engaging, responsive, preventive, and productive
- Address classroom management and discipline issues
- Improve supports for higher intensity students
- Maximize academic engagement and achievement for ALL

***INSTRUCTOR NOTES:***
***Ask: Who has been called to a classroom because a student was being non-compliant or disruptive because they were not listening to the teacher? Is this against the law? Why do we think CRT are so important?***

## Objective 5.2 – Describe the utilization of instructional strategies when presenting information concerning PBIS, conflict resolution techniques, and restorative justice techniques to the classroom environment.

**Conflict Resolution Techniques in the School-Based Environment**

Conflict resolution education can help bring about significant reductions in suspensions, disciplinary referrals, academic reductions, fighting and disputes.

**Three Main Types of Conflicts That Arise in a School Environment**

- Cultural: based on differences in national origin or ethnicity
- Social: based on gender, sexual orientation, class, and physical and mental abilities
- Socio-economic: based on marginalized & oppressed communities measured as a combination of education, income, and occupation

**Three Conflict Resolution Techniques**
Three main components to the conflict resolution structure

1. Negotiation: A problem solving process where two students involve in a dispute meet face-to-face to work together, unassisted, to resolve the dispute.

2. Mediation: A problem solving process where two students in a dispute meet face to face to resolve the dispute assisted by a third party called a “mediator”

3. Consensus decision-making: this is a group problem solving process where all students in the dispute resolve the dispute by designing a plan of action that all students can live with or at least support. This may or may not be facilitated by a neutral third party.

Reasons for establishing this type of program:

a. help the student learn the problem-solving process which can improve the school climate.
b. can reduce violence, vandalism, chronic school absences and suspensions,
c. shifting responsibility of non-violent conflict from teachers to students increasing instructional time,
d. more effective behavior technique than punitive discipline,
e. increases skills in listening, critical thinking, and problem solving,
f. emphasizes seeing other points of view and resolving differences peacefully.

***INSTRUCTOR NOTES:***
***Volunteer reads scenarios that will be a common dispute that occurs on campus. Class discussion and identification of one of the three conflict resolution techniques to resolve the conflict.***

**Activity: Conflict Resolution Scenario #1**

**Conflict Resolution Scenario #1**
**(need a volunteer to read)**

**John and David are in the hallway during class change. David walks past John "bumping" him in the shoulder unintentionally, but instead of stopping or saying sorry, David continues to keep walking to class. After getting bumped, John turns around to David and says, "Hey man, what's your problem," and starts walking aggressively toward David.**

**Activity: Conflict Resolution Scenario #2**

**Conflict Resolution Scenario #2**
**(need a volunteer to read)**

**The KC Tigers basketball team is noticing their belongings are coming up missing in the locker room. Player 1 had their phone stolen, Player 2 had their $200 watch go missing, and Player 3 had $50 dollars and his new Jordan's stolen from his locker. While in the locker room after practice, Player 1 overheard two teammates talking about how to jail break an iPhone and immediately went to the coach saying he knows who stole his phone. Those two players were searched by administration and no phone was found. All of a sudden, all the players start accusing each other of stealing and the team's morale is at an all-time low.**

**Activity: Conflict Resolution Scenario #3**

**Conflict Resolution Scenario #3**
**(need a volunteer to read)**

**During Morning arrival, Sam walks up to Johnnie saying he has been hearing that Johnnie wants to fight him and has been talking nothing but crap about him. Johnnie said that is not what he heard, but Sam does not want to hear it and wants to fight. Other students start to gather and take out their phones, egging on the confrontation. Administration jumps in and separates the two from fighting.**

**Restorative Justice vs. Retributive Justice**

- Restorative justice: A process that focuses on the rehabilitation of offenders through reconciliation with victims and the community at large.

- Retributive justice: A system of criminal justice based on the punishment of offenders rather than on rehabilitation

**Learning Objectives in Restorative Schools & Communities**

In Schools: the student will be able to discuss and teach on how to build vigorous relationships between adults and students on campus in order to create a healthy atmosphere that is conducive to teaching and learning.

Cultural awareness in communities: the student will be able to discuss and teach on strengthening relationships within the student's community outside of the school campus, will bridge the rapports of students, families and community back to the school

**Cultural Responsiveness**

- Awareness
- Listening to understand
- Recognition
- Understanding cultural values
- Respond with humility

***INSTRUCTOR NOTES:***
***Understanding cultural values is NOT about assimilation – it's about relationships.***

**Video - Disproportionality Data**
**https://www.youtube.com/watch?v=3UZpT1h18us&feature=youtu.be**

***INSTRUCTOR NOTES:***
***Ask each table to dialogue about what the main issue is they deal with on campus? With students? With faculty?***

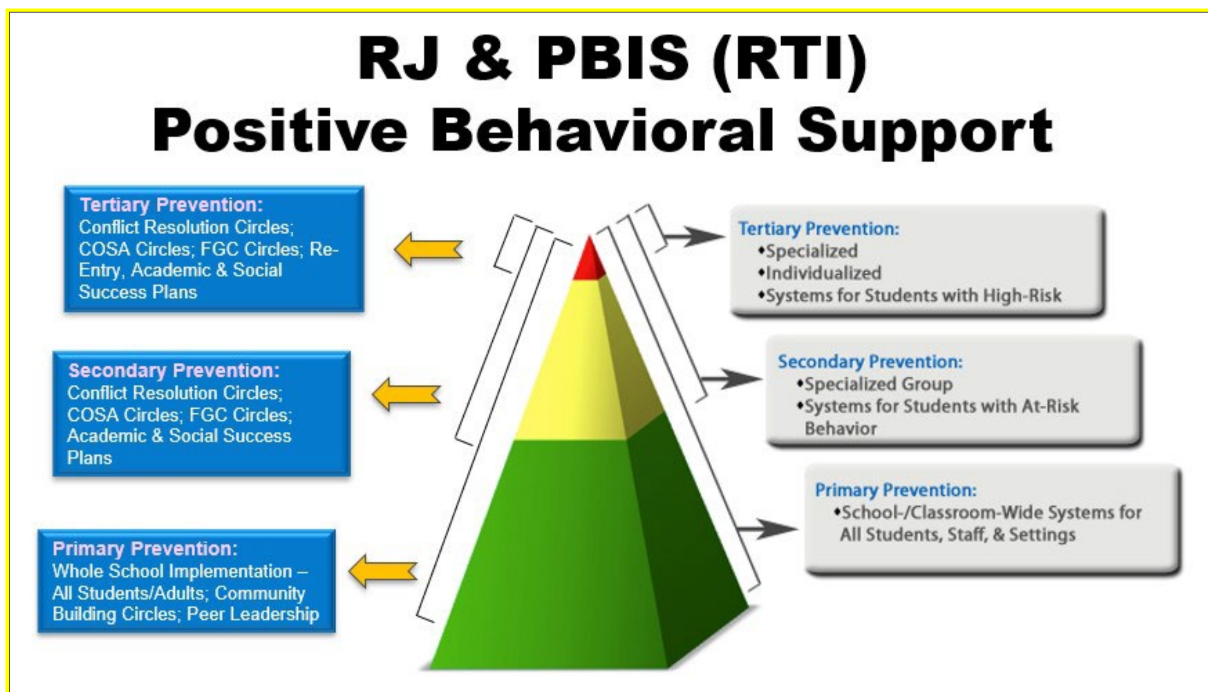
**Disproportionality Data**

- Suspension is widespread
- Discipline disparities exist by race, gender, and disability
- Suspension has detrimental effects
- According to OCR Data students with disabilities was the group with the highest rate of restraint to immobilize them or reduce their ability to move freely
- Civil Rights Data Collection (District Specific) link is included below for review on your own time:

https://ocrdata.ed.gov

**Restorative Justice and PBIS (RTI) – Positive Behavior Support**
https://www.pbis.org/school/pbis-and-the-law

Visual - Restorative Prevention Levels Graphic




**Primary-**Whole School Implementation, Community Circles, Peer Leadership

**Secondary**- Academic and Social Success Plans, Conflict Circles, Family Group Conferencing Circles

**Tertiary-** Conflict Resolution Circles; Circles of Support and Accountability, Family Group Conference Circles, Re-Entry Circles

**Video - RJ in Schools**

***INSTRUCTOR NOTES:***
***After the video, ask participant to scribe. Ask the group what do they think of when they hear the word Discipline?***

## Objective 5.3 – Explain the circle structure, elements, and types of circles.

### The History of Circles

- Peacemaking Circles draw directly from the tradition of Talking Circles, common among indigenous people of North America.
- Circles have been used by small groups of non-indigenous people for over 30 years.
- Women's groups have made extensive use of a formal circle process. Systemic efforts to use Circles in mainstream public processes, such as criminal justice, schools, is relatively new and grows out of work undertaken in Yukon Canada, in the early 1990's.

### Types of Circles:

1. Community Building Circle- Can implement restorative circle in the classroom that will assist with establishing class values, create a space where students can develop socially and emotionally through developing empathy, respect boundaries by learning to listen to others without interruption and increase the effectiveness of instruction time by creating a structured environment in the classroom.
2. Check In Circle- Are quick conversations at the beginning of the week to listen to the student's most pressing needs. This could involve discussions about weekend experiences, how they are feeling or their goals for that week.
3. Check Up Circle- Give us the opportunity to engage with students in terms with their relationships with family, peers, teachers, and community. This is done midway through the week to offer support and accountability to successfully reach their relational and academic goals.
4. Check Out Circle- Can be used as a tool to celebrate the wins for the week, encourage self-care for the weekend and dialogue about new goals for the following week
5. Support Circle- This circle facilitates a process in which a student will be supported in establishing a success plan to navigate through the school year. People to include into the circle are key people in the student's life. Participants are recruited from the home, community, and school life of the student. The participants in the circle need to care about the student and commit to supporting positive outcomes of the student.

***INSTRUCTOR NOTES:***

***Support circle participants could include parents, siblings, extended family, pastor, coach, fellow students, favorite teacher, counselor, friends, or youth worker.***

6. Re-Entry Circle- These circles will support a student who is returning to school and / or home. The student has likely been removed from the school community through suspension, transfer to DAEP, or JJAEP. This circle will give students a supported re-entry into the classroom and create an environment where students and teachers can provide supports for one another. A success plan is created to support the student, family, and school.
7. Family Group Conference Circle**-** This circle allows the entire family and student support staff to engage and work to identify problems and provide supports around the student and family to create an environment that is conducive for the student and families' success.
8. Conflict Resolution Circle- These circles will assist in resolving conflict when it occurs between students and students or students and adults. When disruptions occur, resolving harm carries important lessons-not only for the wrongdoer but for all members of the community.

***INSTRUCTOR NOTES:***
***This circle would be used when there has been a fight or conflict between two parties, and both are equally responsible.***

**What is the Circle?**

- The circle is a structured process for organizing effective communication, relationship building, decision making, and conflict resolution.
- The process creates a space apart from our normal ways of being together

**Creating the Space:**
The Circle:

- No barriers
- Face-to-face
- Common concern
- Safe space
- Virtually

Participants seated in a circle, preferably with no furniture in the middle. No barriers. Everyone seated face to face for effective communication. Everyone in the circle has a common concern and the continuous line of the circle exhibits a safe place.

**Creating the Space:**

Talking Piece**:** The talking piece allows the one holding it to speak without interruption. Everyone else should be deep listening (listening is the most important part of this process).

Centerpiece**:** **C**ircle keepers use a centerpiece to create a focal point that supports speaking from the heart and listening from the heart. The centerpiece usually sits on the floor in the center of the open space inside the circle of chairs. Sub-consciously reminds us of why we are here. It should be set up according to the event.

**Five Elements of the Circle:**
- Opening
- Ice Breaker
- Values
- Body
- Closing

1. Opening:
   - The birth of the Circle, dictates the pace, and sets the mood for the conversation.
   - Openings can be simple: like using breathing technique, silence, or short inspirational readings. One can also incorporate movement for the opening.
2. Ice Breaker:
   - Can be used for introductions and as a creative way to build relationships.
   - Involves peer interaction, movement, and relevant exercises.
3. Values:
   - Consensus based regulations that the circle has agreed to uphold.
   - The values should be written and placed visibly within the circle.
   - The guidelines describe the behaviors that the participants feel will make the space safe for them to speak their truth.
4. Body:
   - Why we are here. These are carefully constructed to address the purpose of the circle.
5. Closing:
   - The ceremonial ending that connects us to our next steps as participants in circle.

***INSTRUCTOR NOTES:***
***Activity: small group discuss circles and think of situations the circles could be implemented on campus. Share out.***

## Objective 5.4 – Discover information on restorative justice techniques and its ability to build healthy relationships between parents, students, staff, and SBLE Officers.

**Restorative Process – Punishment vs. Discipline**

**Punishment-**
- Used for the purpose of controlling and retribution (punitive)

- Interferes with the development of internal controls
- Validates fear, pain, intimidation, and violence as acceptable methods of resolving conflict
- Creates a final solution with the adult acting as judge, jury and executioner

**Discipline-**
- Used to teach and guide
- Creates dialogue and communication student/adult
- Particular misbehavior is bad because it violates the social order
- Promotes the development of self-control

**Visual – Graphics – Punishment vs Discipline**

**"If a child does not know how to read, *we teach*.**
**If a child does not know how to swim, *we teach*.**
**If a child does not know how to multiply, *we teach*.**
**If a child does not know how to drive, *we teach*.**
**If a child does not know how to behave, we…..*Punish."***
***- John Herner***

**Visual – Picture - RJ Akins High School - Pictures**

**Video - Akins High School in Austin, Texas - Restorative Practices**

**De-escalating Tool (Chat)**
- Effective tool (chat) used to converse with students about their day or a particular situation that may have occurred.
- The SRO can use this tool to start conversations with students while in school

**Video - Creating a Zone on Your Campus – De-escalating Chat**
https://www.youtube.com/watch?v=1-RZYSTJAAo

***INSTRUCTOR NOTES:***
***Zone is not for kids in trouble; it's for kids in need. An opportunity to build relationships with ALL students.***

**To the Person That Has Done the Harm**
The Aggressor:
- What happened?
- Who else was there/around when it happened?
- What were you thinking about at the time?
- Who has been affected?
- What do you think you need to do to make things right?

**To the Person Who has Been Affected**
The Victim:

- What was your reaction at the time of the incident?
- How do you feel about what happened?
- What were you thinking at the time?
- What have you thought about since?
- How has it upset/hurt/harmed you?
- What has been the worst or hardest thing for you?
- What is needed to make it right/to make you feel better?

**Restorative Process**

Why focus on Relationships and Community?

- Positive and trusting relationships among all individuals in a classroom
- Are a prerequisite to classroom community
- Build the social capital necessary for positive collaboration

Rather than using the criminal justice process, restorative practices hold students and adults accountable for their actions by involving them in dialogue with others.

Students who perceive themselves as having ownership in a classroom community tend to:

- Comply with classroom rules more readily
- Be more motivated to complete assigned tasks
- Be more resilient against negative peer influences
- Greater student compliance and motivation translate into less time spent on discipline issues and more time spent on teaching and learning
- The key to relationships and community building is an **OPEN LINE OF COMMUNICATION**

Rather than simply punishing offenders, restorative practices hold students accountable for their actions by involving them in face to face encounters with the people they have harmed.

**Restorative Discipline**

Restorative practices used in schools is where:

- Staff members and pupils act towards each other in a helpful and nonjudgmental way
- Adults and students work to understand the impact of their actions on others
- There are fair processes that allow everyone to learn from any harm that may have been experienced.
- Responses to difficult behavior have positive outcomes for everyone.

**Visual - How Do We Partner With Other Entities? - Graphic**

- Ownership
- People Focused
- Community Focused
- Partnership

**KISD Leadership Academy**
The Program Concept- initial involvement:
- Program planning
- Evolving idea/target group
- Collaborative effort

**Video - KISD Leadership Academy**
https://www.youtube.com/watch?v=aMohFqoY8wk

**Leadership Academy Results and Why It Is So Important**
- The obvious positive influences
- Counterbalance to other influences
- Humanizes the Officer
- Continued officer-student relationships
- Increasing effective classroom time and overall behavioral climate in the school

## Objective 5.5 – Gain understanding on how to facilitate a community-building circle.

**Video - Community Circle – MetWest High School, Oakland Unified School District**

**Group Circle Activity**
Participants will learn how to facilitate a Community Building Circle

***INSTRUCTOR NOTES:***
***Practice Circle – selected participants.***

**Restorative Justice Summary**
- Positive Behavioral Interventions Support Framework
- Restorative Justice Processes
- The benefits of creating Leadership Academies
- Facilitation of Circles
- The different Circle types:
  - Community Building Circles
  - Check In/Check Up/Check Out
  - Conflict Circles
  - Re-entry Circles
  - Support Circles
  - De-escalating Chats

**Takeaways from Restorative Justice**
- Participant involvement:

- › After learning about restorative practices what is one takeaway that may assist you in your role as an SRO/SBLE?

***INSTRUCTOR NOTES:***
***Ask students to provide one takeaway from the RJ section.***

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**School-Based Law Enforcement Training Curriculum Development Committee**

Chief Solomon Cook (Chair), Humble ISD
Chief Bill Avera, Dallas ISD
Asst. Chief Michael Benford, Houston ISD
Chief Scott Collins, Aubrey ISD
Chief L.C. Cunningham, Bay City ISD
Chief Tony Dollarhide, Texarkana ISD
Chief Bill Edwards, Pflugerville ISD
Chief David Kimberly, Klein ISD
Chief Victor Mitchell, Spring ISD
Joe Munoz, Institute for Criminal Justice Studies/Texas State University
Chief Teresa Ramon, Judson ISD
Officer Lynelle Sparks, Hillsboro ISD
Chief Kirby Warnke, Corpus Christi ISD

**Instructional Design**

**Section One:**
Child and Adolescent Development and Psychology, Dr. Lynn Winstead, University of Texas at Dallas
**Section Two:**
Mental Health and Crisis Intervention, Dr. Michelle Parsons, Behavior Counts Education Consulting Services
**Section Three:**
De-escalation Techniques and Techniques for Limiting the Use of
Force, Dr. Michelle Parsons, Behavior Counts Education Consulting Services
**Section Four:**
Mental Health and Behavioral Needs of Children with Disabilities or
Special Needs, Dr. Michelle Parsons, Behavior Counts Education Consulting Services
**Section Five:**
Restorative Practices and Positive Behavioral Interventions, Sherwynn Patton & Eloise Sepeda, Restorative Practitioners/Life Anew Restorative Justice