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The overall purpose of this study was to explore the perception of behavioral crises in the instructional setting, specifically the resources that are provided during the crisis, the student perception of the crisis, and whether the two create a state of equilibrium. The study aimed to obtain the perceptions of students in crisis and those implementing the intervention during the same crisis. A hermeneutic phenomenological approach was taken in the implementation of this research. A total of two students were recruited, both were in kindergarten and regularly required crisis intervention supports in the instructional setting. After the occurrence of a crisis intervention in the instructional setting the researcher was called to conduct the student interview and obtain the noted documents. Through exploring the phenomenon of crisis intervention in the school setting multiple themes emerged through the interviews conducted and reviewing incident reports and protocol plans for crisis intervention. Themes were collapsed into the following general themes; (a) self-regulation in crisis planning, (b) debriefing as a learning tool, (c) illusory bias in perceptions, (d) relationships between the individuals in crisis and those providing interventions, and (e) accessibility to this vulnerable population for research.

PERCEPTIONS OF CRISIS INTERVENTION IN THE INSTRUCTIONAL SETTING:  
A HERMENEUTIC PHENOMENOLOGICAL STUDY

by

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## TABLE OF CONTENTS

	Page
LIST OF TABLES .....	xi
LIST OF FIGURES .....	xii
 CHAPTER	
I. INTRODUCTION .....	1
Statement of the Problem.....	2
Purpose of the Study .....	4
Significance.....	5
Methodology .....	8
Limitations .....	9
Theoretical Framework.....	9
Definitions.....	10
Summary .....	13
 II. REVIEW OF THE LITERATURE .....	15
Crisis Theory.....	16
Definition of Crisis .....	17
Lindemann .....	17
Caplan .....	17
Perception .....	19
Equilibrium/Disequilibrium.....	22
Development of a Crisis.....	24
Precipitating factors .....	25
The Verbal Escalation Continuum.....	25
Seven stages of behavior escalation.....	26
Crisis Models .....	26
A-B-C Model of Behavior .....	27
Conflict Cycle .....	27
Life Space Crisis Intervention .....	28
ABC-X Family Crisis Model .....	28
ABC-X Model is appropriate for individual use.....	30
Crisis Intervention.....	31
Internal Resources.....	31
External Resources.....	32

Crisis Intervention Models.....	32
Six-Step Model of Crisis Intervention .....	33
CPI Crisis Development Model .....	33
Roberts' Seven Stages of Crisis Intervention .....	34
Specific Crisis Intervention Programs .....	34
Crisis Prevention Intervention (CPI) .....	35
Life Space Crisis Intervention (LSCI) .....	35
Crisis Interventions in Instructional Settings.....	36
Purpose.....	37
Implementation of crisis intervention .....	37
Impact of crisis intervention on student outcomes .....	39
Impact of crisis intervention on teachers .....	40
Measures .....	41
Reports .....	42
Interviews and questionnaires/surveys .....	43
Observations .....	44
Disciplinary referrals .....	44
Multiple measures.....	45
Results.....	45
Decrease in inappropriate behavior .....	46
Increase in appropriate behavior .....	49
Improved implementation for staff.....	50
Setting/Participants .....	51
Gaps in the Literature.....	56
Perceptions in Crisis Intervention.....	57
Purpose.....	57
Staff and patient perceptions.....	58
Patient perceptions .....	59
Participants.....	60
Staff.....	60
Adult clients/patients .....	61
Child/youth clients/patients .....	61
Setting .....	62
Hospital .....	62
Residential facility .....	63
Mental health/psychiatric ward.....	63
Measures .....	63
Semi-structured interviews .....	63
Patients interviewed by familiar staff .....	65
Outcomes .....	65
Reason for physical restraint.....	66
Prevention strategies .....	67



Concerns .....	67
Relationships matter.....	69
Perceived impact of physical restraint .....	70
Effects of debriefing .....	70
Gaps in the Literature.....	70
Rationale for Study .....	71
Research Questions.....	72
Summary .....	73
 III. METHODOLOGY .....	 75
Research Questions .....	76
Research Design.....	76
Phenomenology.....	77
Hermeneutic Phenomenology .....	78
Bracketing .....	80
Researcher bracketing statement.....	81
Participants.....	81
Sampling .....	81
Selection criteria .....	82
Public recruitment .....	82
Data Collection .....	83
Procedures.....	83
Interview procedures.....	84
Incident report review procedures .....	85
Protocol review procedures.....	85
Data Sources .....	86
Interviews.....	86
Interview questions .....	87
Alternative means for interviewing .....	87
Students.....	88
Incident Report.....	88
Staff perception .....	89
Protocol Document Review .....	89
Data Analysis .....	90
Analysis Phases.....	91
Phase I: Units of reference (interviews).....	92
Phase II: Meaning units .....	93
Phase III: Thematic labels.....	94
Phase IV: Idiographic interrelationships.....	94
Phase V: Nomothetic interrelationships.....	95
Phase VI: Collapsing codes .....	95

Data to be Analyzed.....	95
Interview data analysis.....	95
Protocol data analysis .....	96
Incident report analysis .....	96
Validation Strategies.....	97
Triangulation.....	97
Clarifying Researcher Bias .....	97
Rich and Thick Descriptions.....	98
External Audits .....	98
Quality.....	99
Ethical Considerations .....	99
Limitations .....	100
Summary .....	101
IV. RESULTS .....	102
Recruitment.....	107
Participants and Settings.....	109
Sammy .....	109
Benji.....	110
Student Perception .....	111
Sammy .....	111
Benji.....	112
Research Question 1 .....	117
Units of reference.....	117
Meaning units.....	117
Theme: (a) Students identified emotions that preceded their behavior .....	118
Sammy .....	118
Benji.....	118
Theme: (b) Potential student adoption of staff perception .....	119
Research Question 2 .....	120
Units of reference.....	120
Meaning units.....	120
Theme: (c) Students interpreting staff intent during crisis intervention .....	121
Sammy .....	121
Benji.....	121
Theme: (d) Students provided input on suggested alternatives for future crises .....	122
Sammy .....	122

Benji.....	122
Equilibrium Models: Theory to Practice.....	123
Sammy .....	123
Benji.....	124
Staff Perception.....	126
Sammy .....	126
Benji.....	127
Research Question 3 .....	127
Meaning units with units of reference .....	128
Theme: (e) Emotion present during student perceptions and not during staff perceptions.....	128
Theme: (f) Context present during staff perceptions and not during student perceptions.....	128
Theme: (g) Discrepancies in reported actions of the student .....	129
Sammy .....	129
Benji.....	129
Incident Reports .....	130
Sammy .....	130
Benji.....	131
Research Question 4 .....	133
Meaning units with units of reference .....	133
Research Question 5 .....	134
Meaning units with units of reference .....	134
Outcomes of Interrater Reliability .....	136
Summary .....	137
 V. DISCUSSION.....	 140
Summary of the Study .....	140
Overview of the Problem.....	140
Overview of the Purpose.....	141
Hermeneutic Phenomenology .....	142
Data Collection .....	143
Data Analysis .....	143
Study Results .....	144
Back to the Essence: Crisis in Equilibrium Model .....	145
Sammy .....	145
Benji.....	145
Discussion of Findings as Related to the Literature .....	146
Emotional Component .....	147
Authenticity of Perception .....	149

Post Crisis Intervention.....	151
Accessibility to Vulnerable Population .....	152
Implications.....	154
Practice.....	154
Students.....	154
Parents.....	155
Schools.....	156
Future Research .....	156
Limitations .....	157
Summary .....	158
REFERENCES .....	160
APPENDIX A. ABC-X FAMILY CRISIS MODEL (HILL, 1949) .....	175
APPENDIX B. CRISIS INTERVENTION IN INSTRUCTIONAL SETTINGS LITERATURE THEMES .....	176
APPENDIX C. PERCEPTIONS IN CRISIS INTERVENTION LITERATURE THEMES .....	177
APPENDIX D. RESEARCH MATRIX.....	180
APPENDIX E. RESEARCH QUESTIONS AND DATA SOURCE ALIGNMENT .....	182
APPENDIX F. GUIDING QUESTIONS FOR INTERVIEW .....	183
APPENDIX G. PICTURE EXCHANGE COMMUNICATION SYSTEM FOR SAMMY .....	184

## LIST OF TABLES

	Page
Table 1. Units of Reference .....	93
Table 2. Data Analysis .....	105
Table 3. Emerging Themes—Idiographic and Nomothetic .....	106
Table 4. Frequency—Units of References .....	114
Table 5. Meaning Units—Sammy .....	115
Table 6. Meaning Units—Benji .....	116

## LIST OF FIGURES

	Page
Figure 1. Sammy's Equilibrium Model .....	124
Figure 2. Benji's Equilibrium Model.....	125
Figure 3. Sammy and Staff's Equilibrium Models Compared .....	131
Figure 4. Benji and Staff's Equilibrium Models Compared .....	132

## CHAPTER I

### INTRODUCTION

Crises are ever present in instructional settings; students as young as five years old are experiencing behavioral crises on multiple occasions. These events trigger responses from trained personnel that include de-escalation strategies and physical restraint. Students in crisis subconsciously put themselves and others in harm's way. These students and staff have been left confused and emotionally drained after these events.

Crises are understood through an individual's perception of an event and the resources provided to that individual (Aguilera & Messick, 1986; Caplan, 1964; James, 2008). When an event occurs and the resources for coping are balanced with the individual's perception of the event, a state of equilibrium has occurred and a crisis has been avoided (Aguilera & Messick, 1986; Caplan, 1964; James, 2008). Problems occur when an individual's normal coping mechanisms are no longer sufficient and they are unable to manage the situation (Caplan, 1964; James, 2008). When an individual perceives a situation to be difficult and it exceeds their resources and coping mechanisms, they are in a crisis (Caplan, 1964; James, 2008).

The term "crises" is extremely broad and covers a multitude of incident types, durations, and severities. For the purpose of this research the term *behavioral crisis* is used to represent an individual's needs (as determined by their perception of an event)

not being met by a set of resources, causing the person to act out, and creating potential harm to self or others (Caplan, 1964; Crisis Prevention Institute [CPI], 2014; James, 2008). More often than not, students with emotional and behavioral disorders are met with circumstances they are not able to manage; thus, supports and resources are provided. Often scripted resources are provided to match the general crisis behavior but, as crisis theory has found, it is the individual's perception of the event that must be balanced with the resources provided for the crisis to conclude.

### **Statement of the Problem**

Crisis has made its way into instructional settings, often exhibited through challenging externalizing behaviors in individuals with emotional and behavioral disorders (EBD) (Couvillon, Peterson, Ryan, Scheuermann, & Stegall, 2010). Special education teachers and other staff members are required to provide support, or crisis intervention, to help those students experiencing the onset of a crisis. Crisis intervention is needed for almost 15% of a school's population (Stormont, Reinke, Herman, & Lemke, 2012). Crises in instructional settings typically trigger one of the following responses from personnel: implementation of verbal de-escalation techniques, physical intervention (including restraint), or seclusion. Not only have crises made their way into schools, they can present a danger for students and those implementing the intervention (Couvillon et al., 2010).

Crisis intervention in instructional settings has shown a need for improvement as the numbers of injury and death are substantial (Ryan, Robbins, Peterson, & Rozalski, 2009). These injuries and deaths most often occur during physical restraint, which is the



resource provided to an acting out individual—someone already in crisis (U.S. Government Accounting Office, 2009). Thus, the resources provided during a pre-crisis state were presumably insufficient. Hundreds of cases were found of alleged abuse and death related to the use of physical intervention on school-aged children in the past two decades (U.S. Government Accounting Office, 2009). More than ten years later, the Child Welfare League of America (2011) reported that advocacy agencies estimated eight to ten individuals die each year due to restraint. These concerns have led to regulations and attempts to ensure personnel and student safety. Federal legislation was introduced to regulate the use of restraint procedures in schools to prevent abusive situations, while emphasizing the need for training staff members in crisis intervention (e.g., U.S. House of Representatives, 2015a, 2015b; U.S. Senate, 2009). While crisis intervention and crises in instructional settings have obtained the attention of some policymakers, research has remained limited.

The research around inquiry to crises in instructional settings is limited, but the examinations that have been conducted have neglected the perception of the individuals in crisis (the students), which does not align to what is known about crisis theory. Research has been hyper-focused on student outcomes as reported by personnel (e.g., grades, number of suspensions, and attendance; Dawson, 2003; D'Oosterlinck, Goethals, Boekaert, Schuyten, & De Mayer, 2008; Forthun, McCombie, & Freado, 2006; Grskovic & Goetze, 2005; Soenen, Volckaert, D'Oosterlinck, & Broekaert, 2014). Perceptions have not been completely neglected but have rather been represented by those

implementing the crisis intervention (Dawson, 2003; Tierney, Quinlan, & Hastings, 2007).

Additionally, research on crisis intervention outside of the field of education has sought out the perception of individuals in crisis but are often individuals of adult age, who are in a more restrictive setting (i.e., not a school setting), and often under psychiatric care (Duxbury & Whittington, 2005; Fish & Culshaw, 2005; Mohr, Mahon, & Noone, 1998; Petti, Mohr, Somers, & Sims, 2001; Steckley & Kendrick, 2008; Wynn, 2004). While the practiced theories in the aforementioned studies are applicable across adult clientele, their needs, psychological well-being, and perceptions are much different than those of a younger population. Students alone are a vulnerable population that must be protected; even more vulnerable are children with emotional and behavioral disorders who require crisis intervention. Troublesomely the safeguards intended to protect have inadvertently silenced their voices, which has limited the amount of research that accurately represents crisis theory. The difficulty is largely around conducting research with this population, both obtaining permissions and recruiting participants. This hurdle has impacted the calls for organizational stances on crisis interventions in instructional settings and the development of policies to protect this vulnerable population (IDC Maltreatment Work Group, 2017).

### **Purpose of the Study**

The purpose of this study was to explore the perception of behavioral crises in the instructional setting, specifically the resources that are provided during the crisis, the student perception of the crisis, and whether the two create a state of equilibrium.

Additionally, the study aims to obtain the perceptions of students in crisis and those implementing the intervention during the same crisis. This research does not implement any form of an intervention, but rather obtains the perceptions within an already intact intervention program. The following research questions were investigated:

1. Research Question 1 (RQ1): How do students with behavioral concerns perceive the crisis event?
2. Research Question 2 (RQ2): How do students with behavioral concerns perceive the crisis intervention process?
3. Research Question 3 (RQ3): How do perceptions of the crisis event of students with behavioral concerns align or not align with staff members' perceptions of the same event?
4. Research Question 4 (RQ4): How do perceptions of the crisis intervention process of students with behavioral concerns align or not align with staff members' perceptions of the same event?
5. Research Question (RQ5): How have staff members planned to respond to said crisis?

### **Significance**

Research in crisis intervention within the instructional setting is limited with a reliance on anecdotal data and clinical documents (e.g., Dawson, 2003; D'Oosterlinck et al., 2008; Forthun et al., 2006; Forthun, Payne, & McCombie, 2009; Grskovic & Goetze, 2005; Ryan, Peterson, Tetreault, & Vander Hagen, 2007; Tierney et al., 2007). Data may include grades and frequency of student suspension, both of which are largely contingent

on the staff and administration, additionally carry their own variables that impact the decisions made. This study has the potential to contribute to the field of research as a primary source of data from individuals (staff and students) who have experienced crises and crisis intervention firsthand. A better understanding of how they experience and perceive crisis intervention has the potential to add to the knowledge base of crisis intervention, for further development of theory, and practices and policies of intervention.

While crisis theory is well developed in counselor education and nursing, it is in a much broader sense expanding addressing topics from family crises to resource crises for a community and not specific to the individual behavioral crises this research aims to address. Behavioral crises in the instructional setting display a state of disequilibrium (imbalance between individual's perception and how they are supported; Caplan, 1964; James, 2008), and present a potential harm to themselves or others (CPI, 2014). Crisis theory in the instructional setting needs to be further developed for a better understanding of the crisis phenomenon and the potential prevention measures, solutions, and interventions.

Additionally, this research has the potential to draw attention to the needed discussions around this population in terms of policy not limited to crisis intervention but to the possible maltreatment of this vulnerable population. Efforts for federal guidelines have been attempted. Two proposed acts motioned to prohibit school personnel from using physical restraint that could put the student in harm's way (U.S. House of Representatives, 2015b; U.S. Senate, 2009). Both acts (U.S. House of Representatives, 2015b; U.S. Senate, 2009) noted that physical restraint and seclusion could be used to

eliminate an imminent danger or physical injury to the individual in crisis or those in close proximity. Grants for training purposes; and rights for protection and advocacy systems to investigate, monitor, and enforce the acts were included in the three proposed acts (U.S. House of Representatives, 2015a, 2015b; U.S. Senate, 2009). The Keeping All Students Safe Act (U.S. House of Representatives, 2015b) and Preventing Harmful Restraint and Seclusion in Schools Act (U.S. House of Representatives, 2015a) both addressed the importance for supports at the pre-school ages, specifically listing Head Start programs. Furthermore, the Ending Corporal Punishment in Schools Act (U.S. House of Representatives, 2015a) and the Keeping All Students Safe Act (U.S. House of Representatives, 2015b) have both been sitting in the subcommittee on Early Childhood, Elementary, and Secondary Education since 2015, while Preventing Harmful Restraint and Seclusion in Schools Act (U.S. Senate, 2009) was “read twice and referred to the Committee on Health, Education, Labor, and Pensions” in 2009. With a more holistic understanding of crisis intervention that this study attempts to identify and present, federal regulations may have a more solid foundation upon which to sit.

Most recently, the U.S. Department of Education released the 2015-2016 Civil Rights Data Collection (U.S. Department of Education Office of Civil Rights, 2018). This report included over 50 million students across 96,000 public schools in the 2015-2016 school year. Students with disabilities were overrepresented in multiple behavioral support subcategories. Student with disabilities represented 28% of the referrals to law enforcement/arrests, 26% of the out-of-school suspensions, and 24% of the expulsions. Directly related to this research project were the datasets on the use of seclusion and

physical restraint. An estimated 122,000 students were either restrained or secluded, and a majority of those students were identified as having a disability. More specifically, 71% of the individuals physically restrained were students with disabilities and 66% of the students secluded were students with disabilities. While these numbers were alarming, further claims that these numbers were inaccurate due to schools underreporting the practice were more troublesome.

### **Methodology**

A hermeneutic phenomenological approach was taken in the implementation of this research. Hermeneutic phenomenology provides a framework for interpreting a phenomenon, with special attention to the context and purpose (Palmer, 1969).

Triangulation was completed through the review of documentation including individualized education plans (IEP), safety plans, and crisis debriefing forms; student (individual in crisis) interviews; and staff interviews. The essence of the phenomenon was examined through the perceptions of the student, the perceptions of the staff, and through a review of the protocols and documentation. Data were treated as having equal importance for this research, referred to as horizontalization (Moustakas, 1994). Themes were identified through use of the hermeneutic cycle (Laverty, 2003); additionally, reflexive journaling was done throughout the research (Ahern, 1999). Reflexive journaling occurred in the reflecting writing portion of the hermeneutic cycle (Laverty, 2003) and additionally contributed to the epoché and bracketing processes (Merriam & Tisdell, 2016).

### **Limitations**

Conducting research with any vulnerable population creates limitations throughout the duration of the study. Limitations included finding an appropriate setting, research with vulnerable populations, the unpredictable nature of the research content, and research bias. Crisis intervention is implemented across a variety of settings, making finding an appropriate setting difficult. This research incorporated three levels of a vulnerable population—children, prisoners, and students. Incorporating individuals classified as vulnerable populations require the implementation and integration of additional safeguards in research efforts. The unpredictable nature of crises poses additional limitations. Lastly, researcher bias must be taken into consideration as I have taught students with emotional and behavioral disorders and implemented crisis intervention in addition to receiving certification as a training for a crisis intervention program.

### **Theoretical Framework**

Lindemann (1944) identified the notion of grief and morbid grief in his research on individuals experiencing loss. Lindemann's work served as the foundation of crisis theory, starting with the idea that there are normal and abnormal responses. Caplan (1964, 1974) found that a crisis is provoked when a person faces a problem for which they do not have the immediate solution. Caplan (1964) further suggested that an important factor in understanding a crisis is that there is an imbalance between the perceived difficulty and importance of the situation, and the resources readily available to deal with it.

If an individual perceives a situation as extremely serious and very important, that must balance with the resources available to them (crisis intervention) to yield a solution and end the crisis cycle. Crisis intervention serves as the “resource” in the ABC-X Family Crisis Model (Hill, 1949) and initially includes verbal de-escalation. If the perception and the resources are not balanced the student will escalate and require physical intervention, which creates a new “problem” and they could potentially continue in this cycle of crisis. The theoretical framework is described in greater detail in Chapter II.

### **Definitions**

The following terms were used in this study and should be used within the context of the theoretical framework briefly described above and in Chapter II. The terms are briefly described below.

*Behavioral crisis or crises* is defined by an accumulation of three definitions for this research. A crisis is a state of disequilibrium, when an individual’s perception of an event is not matched by the resources provided (Caplan, 1964). James (2008) similarly defined crisis as a perception or experience of an event or situation as an intolerable difficulty that exceeds the person’s current resources and coping mechanisms. The observable component of this definition includes an individual causing potential harm to self or others (CPI, 2014). In summary, a behavioral crisis is when an individual’s needs as determined by their perception of an event are not met by a set of resources, causing the person to act out, creating potential harm to self or others.



*Crisis intervention* is psychological support aimed to help individuals in a crisis state restore a state of equilibrium (Jackson-Cherry & Erford, 2014).

*Disequilibrium* is a state of crisis in which an individual's needs as determined through their perception of an event are not met by a set of resources (Aguilera & Messick, 1986; Gilliland & James, 1997).

*Equilibrium* is a state of balance, specifically represented by an individual's needs as determined through their perception of an event being met by a set of resources (Aguilera & Messick, 1986; Gilliland & James, 1997).

*External behavioral crisis* is defined as a situation when a student's behavior requires immediate attention to protect the physical and/or psychological safety of the individual or others (Gilliam, 1993).

*Feelings* are defined in Merriam-Webster dictionary as vague beliefs or opinion. It is also used in the context of an emotional state or reaction.

*Internalizing behavior* is an inward style of behavior such as withdrawal, loneliness, depression, or anxiety (Gresham, Lane, MacMillan, & Bocian, 1999).

*Perception* is defined as "a way of regarding, understanding, or interpreting something" in the Merriam-Webster dictionary (Perception, n.d.). Additionally, James (2008) described an individual's perception of crisis as their appraisal of the situation in both severity and level of difficulty.

*Physical restraint* is any physical method of restricting an individual's freedom of movement, physical activity, or normal access to his or her body (International Society of Psychiatric and Mental Health Nurses, 1999).

*Precipitating factors* are the internal and external causes of acting-out behavior over which staff have little or no control (CPI, 2014).

*Resources* are defined in Merriam Webster's dictionary as "a stock or supply of money, materials, staff and other assets that can be drawn on by a person or organization to function effectively" (Resource, n.d.). For the purpose of this research, the resources will be in reference to those to support an individual avoid a crisis or regain a pre-crisis state.

*Seclusion*, as defined by the Civil Rights Data Collection (CRDC) in the U.S. Department of Education's (2012) Restraint and Seclusion Resource Document, is "involuntary confinement of a student alone in a room or area from which the student is physically prevented from leaving" (p. 10).

*Self-regulation* refers to "the skills and processes associated with the direction, planning, and control of attention and/or cognition, emotion, and behavior/action that are necessary for optimal adaptive functioning" (Calkins, 2007, as cited in Graziano & Hart, 2016, p. 92).

*Thoughts* are defined as "an idea or opinion by thinking or occurring suddenly in the mind, and/or the action or process of thinking" (Thought, n.d.).

*Verbal de-escalation* is an intervention used when people are at risk for aggression. Verbal de-escalation includes calm language and other communication techniques to diffuse, re-direct, or de-escalate a conflict situation (Kerr & Nelson, 2010). The goal of verbal de-escalation is to prevent a potentially dangerous situation from escalating to a physical confrontation.

### Summary

Despite what is known in crisis theory and the importance of perception in crisis interventions, the practice of understanding the perception of the individual in crisis has not yet transferred to the research of crisis interventions in the instructional setting. Researchers must first research and disseminate the importance of and themes discovered through an individual's perception in crisis, as stated in crisis theory (Caplan, 1964; James, 2008). The need is evident with 15% of schools' populations in need of crisis intervention (Stormont et al., 2012). Beyond the need of crisis intervention are the dangers that have been linked to a component of crisis intervention—physical intervention (Couvillon et al., 2010; The Child Welfare League of America, 2011; U.S. Government Accounting Office, 2009). Applying crisis theory to behavioral crisis in the instructional setting would add emphasis on the individual's perception of the event, which has the potential to improve practices and lessen the frequency of physical interventions, thus potentially decreasing the number of injuries and deaths. The implications of this research span from implementation in both practice and policy.

The subsequent chapter presents an overview of the literature on crisis intervention in instructional settings, as well as the literature on crisis intervention and perceptions. Additionally, the theoretical framework will be presented in Chapter II, which leads into the methodology presented in Chapter III. Chapter III describes the procedures for collecting and analyzing data, leading into Chapter IV, the results. Chapter IV will disseminate the results of the study, which are connected back to the literature in

Chapter V. Findings will be discussed as implications in three areas—research, practice, and policy, and conclude with limitations and future directions.

## **CHAPTER II**

### **REVIEW OF THE LITERATURE**

The purpose of this study was to explore student perceptions of behavioral crises in the school setting, the staff perception of the same crises, the resources provided during the crises, and whether the student perception and resources provided created a state of equilibrium. This chapter includes a review of literature in crisis theory, crisis intervention in schools, and perceptions of crises and crisis interventions. First, an overview of crisis theory is presented in chronological order, discussing original theories and then the developing theories that follow. The initial discussion of theory creates a framework for the preceding components of the literature review. Second, a definition and description of perception is presented and the role it plays in understanding crisis and crisis intervention. Third, equilibrium will be defined and its role in crisis and crisis intervention will be discussed. Fourth, a description of the development of crises is presented. Fifth, current models in cognitive behavior and crisis intervention are presented. This includes the A-B-C Model of behavior (Bijou, Peterson, & Ault, 1968), the Conflict Cycle Model (Long, 1965), Life Space Crisis Intervention (LSCI)'s integration of the A-B-C Model of behavior and the Conflict Cycle Model, and the ABC-X Family Crisis model (Hill, 1949). Sixth, current crisis intervention practices and models are presented, followed by descriptions of specific crisis intervention programs. Seventh, research on crisis intervention in the instructional setting is presented. Eighth,

research about perceptions in behavioral crisis intervention, which have emerged primarily from the fields of counselor education and nursing, are reviewed. Next, a rationale for the research is presented followed by the driving research questions and purpose. Lastly, a summary of the information found and a preview of the chapter to follow is presented.

The review includes peer-reviewed articles relevant to the purpose of this research. Articles pertaining to crisis intervention were only included if they contained K-12 students with emotional and behavioral disorders, crisis intervention, and student outcomes following crisis intervention or physical restraint. Articles specific to crisis perception were not limited to K-12 students with emotional and behavioral disorders after an initial search with such criteria yielded no results. Inclusion criteria for crisis perception were patient (or client) perspective (or perception) that were directly related to crisis intervention. The searches on crisis intervention practices and perceptions in crises were from the year 2000 to current due to the limited research within the field of education on crisis intervention with student outcomes.

### **Crisis Theory**

Individuals function on a seemingly automatic emotional response system (Schunk, 2012). A person responds to situations in patterns with minimal self-awareness (Schunk, 2012). Individuals are faced with many situations that require a reaction, most of which are done in a seemingly effortless manner. Common to physical reflexes individuals have emotional responses that are natural and effortless (Pavlov, 1927). Problems occur when an individual's normal coping mechanisms are no longer sufficient

and they are unable to manage the situation (Caplan 1964; Gilliland & James, 1997).

When an individual perceives a situation to be difficult and it exceeds their resources and coping mechanisms, they are in a crisis (Gilliland & James, 1997). To fully understand the complexities of crisis and crisis intervention, an understanding of the development of its definition is necessary.

### **Definition of Crisis**

**Lindemann.** Lindemann (1944) established the basic framework for defining the symptomatology of a crisis. Lindemann conducted psychiatric interviews with 101 patients who fell in one of the four groups: psychoneurotic patients who lost a relative, relatives of patients who died in the hospital, bereaved disaster victims (Cocoanut Grove Fire) and their closest relatives, and relatives of members of the armed forces. In 1942, 492 people were killed in the Cocoanut Grove Melody Lounge in Boston. Lindemann studied the bereavement of this disaster and created a structure for the grieving process of the individuals who lost a loved one unexpectedly. After studying 101 individuals experiencing loss, Lindemann found that individuals experiencing acute grief often displayed one or more of the following symptoms: somatic distress, preoccupation with the image of the deceased, guilt, hostile reactions, and/or loss of patterns of conduct. Those who developed serious psychopathologies had failed to go through the normal process of grievance. The notion of normal grief and morbid grief were discussed. This served as the starting point for crisis theory.

**Caplan.** Shortly following the work of Lindemann (1944), Gerald Caplan began working with families immigrating to Israel following World War II. Caplan (1964,

1974) found that crisis is provoked when a person faces a problem in which they do not have the immediate solution and is for that moment defeated as their usual means of problem-solving are not sufficient. Caplan further suggested that an important factor to understanding a crisis is that there is an imbalance between the perceived difficulty and importance of the situation, and the resources readily available to deal with it. Caplan focused on prevention, mastery, and the importance of social, cultural, and material “supplies” to avoid a crisis, which was used to understand and explain the development and resolution of conflict (Hoff, 2001).

Caplan (1964) describes the development of a crisis in four phases. In phase one, an event causes a rise in an individual’s level of anxiety. In phase two, the person’s usual problem-solving mechanisms fail and tensions rise. In phase three, anxiety levels increase and the individual’s tension levels increase, moving the individual to use every resource available (new and old). Lastly, in phase four, the individual enters an active state of crisis (internal strength and social support are lacking, problem remains unresolved, and tension and anxiety rise).

Caplan’s conceptual framework, while it relied heavily on disease, presented an intervention model that was classified into three levels: primary, secondary, and tertiary. The primary level (also known as prevention) focused on what could be done to stop a crisis from happening, essentially by eliminating hazards and modifying the situation proactively. Johnson and Maile (1987) expanded on Caplan’s primary level, describing it as a time to teach skills that individuals can use to manage their own situations. The secondary level provided an immediate assistance to those handling a crisis, with a



purpose to minimize the effects of the crisis. Lastly, there is the tertiary level (also known as postvention), which is a long-term intervention to those impacted by a crisis, with a goal to assist them in resuming a pre-crisis level of functioning without other negative long-term effects.

Most importantly were the concepts Caplan adopted from the works of Freud and his general systems theory, specifically, the idea of homeostasis and equilibrium, and that a “balance” represents a normal psychological well-being, while an unbalanced psychological state was quite the opposite (discussed below). Researchers following the efforts of Lindemann and Caplan followed the notion that a crisis was a state of psychological or emotional disequilibrium (James, 2008). James (2008) defined crisis similarly to that of Caplan (1964); when usual coping means and problem-solving methods do not meet the needs of the individual, a crisis occurs. More importantly, many crisis researchers included the concept of perception in their definition of crisis (Aguilera & Messick, 1986; Caplan, 1964; James, 2008). The event is defined by the individual’s perception of the situation (the severity and perceived level of difficulty), and the person’s current resources and coping mechanisms (Caplan, 1964; James, 2008). Hoff (2001) defined a crisis as “an acute emotional upset arising from situational, developmental, or sociocultural sources and resulting in a temporary inability to cope by means of one’s usual problem-solving devices” (p. 4).

### **Perception**

Many researchers following the efforts of Lindemann and Caplan found similar definitions of crisis, all highlighting the importance of the individual’s perception of the

situation (Gilliland & James, 1997; Halpern, 1973; Lazarus, 1966; Parad, 1965). On the front end of crisis, Parad (1965, 1966) focused on the identification of a crisis, and the importance of the individual's perception of what makes a crisis a crisis. Lazarus (1966) and Halpern (1973) focused on the significance and appraisal of the situation. Halpern (1973) defined an individual in crisis as a person who evaluates a situation as exceptionally threatening and who has identified no way of coping with it. Gilliland and James (1997) summarized the definitions they found on crises as, "a perception of an event or situation as an intolerable difficulty that exceeds the person's resources and coping mechanisms" (p. 3). Aguilera and Messick (1986) identified perception as one of the three factors affecting a non-crisis state (including the available situational supports and coping mechanisms). Many researchers incorporate the term "feelings" into their models (e.g., Long, 1965).

Caplan's definition relies heavily on the individual's perception of the events and whether it creates a state of equilibrium with the resources being provided for the event. Caplan (1964) specifically refers to perception as the perceived level of difficulty and importance of a situation. Reuban Hill (1949) explicitly states that a "crisis can be understood by examining an individual's past experiences, cognitive structures, behaviors and competencies" (p. 5). Hill (1949) further highlights the importance of perception in his ABC-X model of family crisis including perceptions (also known as meanings and interpretation). See Appendix A.

Many theories address the importance of perceptions, from behavioral models to learning models (e.g., Social Learning Theory, Adult Learning Theory, Cognitive

Learning Theory). Cognitive learning theory's basic assumption is that a person's thoughts, images, and perceptions affect behavior (Piaget, 1970). Cognitive behaviorists argue that a person's behavior cannot be fully or clearly understood without considering internal events, such as thoughts and feelings (McGowan, 2002). Social Learning Theory is said to present a bridge between behaviorist and cognitive learning theories by including cognitive factors (perception), behavioral factors, and environmental factors as contributors in determining human behavior (Bandura, 1977). The Conflict Cycle highlights the importance of beliefs in the application for meaning to the situations one is presented with; these beliefs drive and impact the conflict, response, and consequences (Long, 1965).

Various terms have been used in crisis theory, particularly in terms of internal processes of events in relation to the resources provided and other external factors. Careful attention must be paid to the definitions and differences of those internal terms (i.e., feelings, thoughts, emotions) in comparison to perception. Perception is a primary component in understanding a crisis, grounded in the literature and research. Perception is defined as "a way of regarding, understanding, or interpreting something" in the Merriam-Webster dictionary. Additionally, James (2008) described an individual's perception of crisis as their appraisal of the situation in both severity and level of difficulty. *Feelings* are defined in Merriam-Webster dictionary as vague beliefs or opinion. It is also used in the context of an emotional state or reaction. *Thoughts* are defined as "an idea or opinion by thinking or occurring suddenly in the mind, and/or the action or process of thinking" (Thought, n.d.).

The term *feelings* is highlighted by its emphasis on the vagueness of the opinion, which does not necessarily drive a reaction. The term *thoughts* is in reference to the thought process and does not extend to the actions that may be triggered. Feelings impact not only one's perception, but also their thought processes in crisis; this often leads to distorted perceptions as the individual's normal pattern of thinking is disturbed (Hoff, 2001). Feelings of individuals in crisis are often in line with their perception of the situations presented (Dressler, 1973, as cited by Hoff, 2001), but initially hold a different meaning. The term *perception* highlights a process that is composed of an understanding and its appraisal (severity and difficulty), both of which drive a reaction. It is important to not only understand the situation and why it has developed, but also the individual's perception of both in order to provide successful resources in a moment of crisis (McGowan, 2002).

### **Equilibrium/Disequilibrium**

James (2008) used a dictionary definition of equilibrium and disequilibrium: *equilibrium*, "a state of mental or emotional stability, balance, or poise in the organism," and *disequilibrium*, "lack of destruction of emotional stability, balance, or poise in the organism" (p. 41). Both Caplan (1964) and Lindemann (1944) viewed crisis as a development from a state of disequilibrium. The crisis is specific to the person's perception and reaction to the situation and not the situation itself (Caplan, 1964; Gilliland & James, 1997). The Equilibrium Model functions under the assumption that people in crisis are in a state of psychological or emotional disequilibrium. In crises, an individual's usual coping mechanisms and problem-solving methods no longer meet their

needs (Gilliland & James, 1997). Aguilera and Messick (1986) identified three factors affecting equilibrium: perception of the event, available situational supports, and coping mechanisms. Under the equilibrium model, perception strongly impacts whether an individual faces a crisis or not.

Caplan noted the goal of the equilibrium model is to help an individual regain a state of pre-crisis equilibrium. This model is most appropriate for early intervention, when a person is out of control or disoriented, with a focus on stabilizing the individual. A criticism of the equilibrium concept is that it attempts to explain very complex humanistic phenomena in a framework from one discipline, psychology, and human behavior alone encompasses much more (Hoff, 2001). “Other frameworks, such as conflict and change theory, are needed to support the awareness and social action necessary to address some of these damaging practices in agencies serving distressed people” (Hoff, 2001, p. 12).

For the purpose of this research, multiple definitions of crisis were combined for one concise definition that holistically represents behavioral crises. The definition will be comprised of three definitions of crisis (CPI, 2014; James, 2008; Roberts, 2005). James (2008) defines crisis as “a perception or experiencing of an event or situation as an intolerable difficulty that exceeds the person’s current resources and coping mechanisms” (p. 3). He states that unless an individual receives relief, the crisis has “the potential to result in severe affective, behavioral and cognitive malfunctioning” (p. 3). Roberts (2005) defines crisis as “(a)n acute disruption of psychological homeostasis in which one’s usual coping mechanisms fail and there exists evidence of distress and functional impairment”

(p. 778). The observable component of this definition includes an individual causing potential harm to self or others (CPI, 2014). In summary, a behavioral crisis is when an individual's needs, as determined by their perception of an event, are not met by a set of resources, causing the person to act out, creating potential harm to self or others.

### **Development of a Crisis**

Crises occur for a variety of reasons and occur within the context of an individual's perception of the events that surround them. Hansell (1976) identified seven basic attachments for individuals that if not met can cause a crisis to occur (Hoff, 2001).

We are all attached to seven general ideas or needs; 1.) food, oxygen, and other physical supplies necessary to life, 2.) a strong sense of self-identity, 3.) at least one other person in a close, mutually supportive relationship, 4.) at least one group that accepts us as a member, 5.) one or more roles in which we feel self-respected and can perform with dignity, 6.) financial security or a means of participating in an exchange for the goods and services we need and value, and 7.) a comprehensive system of meaning—that is a set of values that help us set goals and understand ourselves and the world around us” (Hansell, 1976 as cited in Hoff, 2001, p. 47)

People in crisis experience a sudden loss—or the threat of a loss—of a person or thing important to them. Thus, one or more basic attachments are undone or at risk to be undone (Hoff, 2001).

Psychosocial needs must be met for an individual to survive and furthermore grow. When basic needs are not met, one can grow increasingly more susceptible to experiencing a crisis. Maslow (1968) has identified a hierarchy of needs that leads to motivation most commonly used in educational theory. Under Maslow's theory, basic needs must be met for other needs to emerge, specifically for stability and growth to

occur. Maslow identified five developmental needs that impact motivation: physiological, safety, love/belonging, esteem, and self-actualization. Maslow goes further to categorize esteem, friendship and love, security, and physical needs as deficiency needs. Deficiency needs must be met to avoid feelings of anxiousness and tension to obtain a strong desire (motivation) for betterment.

**Precipitating factors.** CPI (2014) describes precipitating factors as the causes (internal and external) that are the cause of the acting out person, often over which staff have little or no control. Precipitating factors are not to serve as excuses for acting out behaviors, but rather an important component to understanding the crisis cycle in which the individual is experiencing.

**The Verbal Escalation Continuum.** CPI developed The Verbal Escalation Continuum for their CPI: Nonviolent Crisis Intervention Training ® Crisis Prevention Institute, Inc. Five distinct student behaviors with approved verbal interventions are explained. Under CPI's model this is what precedes the behavioral crisis (CPI, 2014). Each of the student behaviors in this continuum can occur in any order and do not have to follow the numerical order in which they are presented. The first behavior is questioning, which is either an information seeking (seeking a rationale response) or a challenging behavior (being evasive; CPI, 2014). The suggested responses are to give a rational response, redirect, ignore, and set limits. The second behavior is refusal, represented by noncompliance and a loss of rationalization of the individual in crisis. The suggested responses are to set limits, use directives, allow process time, and end with a choice with natural outcomes. The third behavior is release; this represents an acting out individual

(emotional outbursts, loss of rationalization) behaviors including venting, screaming, swearing, and other high energy outputs (CPI, 2014). The suggested responses are to allow the individual to let off steam, remove audience, directive, understanding approach, and enforce limits set. The fourth behavior is intimidation, where the individual is verbally or nonverbally threatening to another individual. The suggested responses are to seek assistance and try to avoid individual intervention. Lastly, tension reduction is a drop in energy level that occurs after a crisis. The suggested responses are to establish therapeutic rapport and re-establish positive communication (CPI, 2014).

**Seven stages of behavior escalation.** Colvin and Sugai (1989) identified seven stages of behavioral escalation. First, a student is relatively *calm* and cooperative. Next a *trigger* occurs to escalate a student's behavior, often when the student experiences unresolved conflicts. Third, *agitation* occurs as the individual remains unfocused and becomes upset. Fourth, *acceleration* occurs as the conflict remains intact and the student focuses on the situation. The *peak* then occurs; this is when the student is out of control and the most severe behaviors are displayed. After the peak, *de-escalation* begins; students often display confusion as the severe behavior subsides. Lastly, the student begins to *recover*; during this time, they may wish to participate in non-engagement activities.

### **Crisis Models**

While there have been multiple crisis models, for the purpose of this study I will focus on four for the development of the theoretical framework for this research; A-B-C Model of Behavior, Conflict Cycle, Life Space Crisis Intervention Model, and the ABC-



X Family Crisis Model. Crisis models typically include an antecedent, the behavior, and the consequence(s) that follow, often interpreted by the interventionist for that event. The four selected models create a developmental process of models gradually including more of what is known in crisis theory (e.g., perception, equilibrium).

### **A-B-C Model of Behavior**

The A-B-C behavioral model (Bijou et al., 1968) is comprised of three components: antecedent, behavior, and consequence. Antecedents are the events that take place in the environment (including events occasionally occurring internally) in which the behavior occurs. The term behavior refers to the observable behavior of the individual with details including what, who, when, where, to whom, frequency, intensity, and duration. Lastly, the consequence is what is happening in the environment immediately following the behavior.

### **Conflict Cycle**

The conflict cycle model (Long, 1965) is comprised of four components: beliefs, conflict, response, and consequences. The starting point of this combined model is the occurrence of the stressful event, which is then continuously appraised through the student's self-concept and irrational beliefs. Third, the event and beliefs of the individual create feelings. Those feelings exert energy and develop a goal that leads to the fourth component, behavior. Lastly, the reaction of peers and adults in the environment, known as the consequences, occur in the environment following the behavior. But most importantly, the perception of those consequences is appraised by the individual in conflict.

### **Life Space Crisis Intervention**

Life Space Crisis Intervention (LSCI) uses a conflict cycle model in conjunction with the A-B-C model (Bijou et al., 1968) of behavior. While this model incorporates the additional components needed to understand a crisis as described by Hoff (2001), it negates the importance of the psychological components, including the individual's perception. The underlying definition of crisis highlights the importance of the balance between an individual's perspective and the resources provided. This model seems to hint that the reactions from the teachers and students are the resources, which supports a more reactive approach in crisis intervention. LSCI assumes that behavior escalation is cyclical, including a stressful event, the student's feelings or reaction, the student's observable behavior, and the teacher's reaction (Long, Fecser, & Brendetro, 1998).

### **ABC-X Family Crisis Model**

The ABC-X Model by Hill (1958) is a family stress adaptation theory. This model of family stress explains why some families fall into crisis while others cope when dealing with stress. While this is a family model, it strongly represents a crisis model that incorporates both perspectives and the idea of equilibrium with an individual's available resources. The model identifies three variables (A, B, C) which interact with one another to bring about a product (X) (see Appendix A).

The first variable is the stressor event (A), which is defined as "an occurrence, positive or negative that either changes or has the potential to change the family system" (Boss, 2002, as cited in Wilmoth & Smyser, 2009). The stressor events are characterized by their source, type, duration, and density (Boss 2002, as cited in Wilmoth & Smyser,

2009). The source is identified as either internal or external, occurring within the family or not (controlled or not). The type falls into one of three categories: normative or nonnormative, ambiguous or clear, or volitional or nonvolitional. Then classification in regards to the duration, whether it is chronic or acute, is determined. Lastly, the event is classified in terms of density—whether it is in isolation or together with other events.

The second variable is the resource(s) (B) that are provided to help prevent or buffer an event from causing a crisis state (McCubbin & Patterson, 1983, as cited in Wilmoth & Smyser, 2009). Resources are organized in three subcategories; individual members, the collective family, and the community. The individual member resources include intelligence, educational skills, personality, physical and psychological health, self-esteem, and allocation of time (McCubbin & Patterson, 1983, as cited in Wilmoth & Smyser, 2009). The collective family resources refer to family cohesion, adaptability, and communication. Lastly, community as a resource refers to resources outside the family including but not limited to religious institutions, government agencies, and social support networks.

The third variable is the meanings (C). Specifically, this includes how families appraise the situation, their perception, interpretation, and assessment of the stressor event, which are collectively formed by the family. Patterson (2002) identified three areas in which families construct meanings: the stressor, family identity, and their world view. Hill (1958) suggested that there are three factors that influence a family's assignment of meaning to an event: the family's value system, previous definitions used, and previous experiences in handling crises.

The last variable is the outcomes (X), which are dependent upon the previous variables. Outcomes occur on a continuum with maladaptation on the negative end to bonadaptation on the positive end (Lavee, McCubbin, & Patterson, 1985). Maladaptation is a continued imbalance between the stressor event and the family's ability and resources to meet those demands (Lavee et al., 1985). Bonadaptation is little to no difference between the demands of the event and the family's ability and resources to meet the demands of that event (Lavee et al., 1985).

**ABC-X Model is appropriate for individual use.** The ABC-X Model mirrors many of the components of individual crisis models but displays a more fluid interaction between all components. The ABC-X Model also focuses on the balance between the components, specifically between the perception and the resources, as prominently noted in crisis theory (e.g., Gilliland & James, 1997; Halpern, 1973; Lazarus, 1966; Parad, 1965). More importantly are the similarities between the individual crisis models and the ABC-X Model of family crisis, that sheds light on the possibility that this balanced model can be applied to individual crises.

The first variable in the ABC-X Model (stressor event) mirrors that of the first component of the Conflict Cycle (Long, 1965), both identified as events that have the potential to have a positive or negative impact on a unit, an individual (Long, 1965), or a family (Hill, 1958). The second variable in the ABC-X Model, the resource(s) are supports provided to help prevent or lessen the effects of a crisis. The ABC-X Model mirrors more of an intervention approach while models such as the A-B-C Model of Behavior (Bijou et al., 1968), highlight understanding of behavior; in such a model the

supports as described in the ABC-X Model are identified before and after the behavior, identified as antecedents and consequences, rather than an interjected component to initiate change. The third variable in the ABC-X Model (meanings) is comparable to the individual's self-concept and irrational beliefs as modeled in the Conflict Cycle (Long, 1965), both appraising a situation and developing a perception of an event that will drive their reactions and future behavior. The last variable in the ABC-X Model is the outcomes, which are identified as the behaviors in individual models such as the Conflict Cycle (Long, 1965) and the A-B-C Behavior Model (Bijou et al., 1968).

### **Crisis Intervention**

Crisis interventions provided by staff fall into one of two categories, verbal de-escalation or physical interventions. The resources provided to an individual in crisis must balance that individual's perception of a crisis (e.g., Gilliland & James, 1997; Halpern, 1973; Lazarus, 1966; Parad, 1965). The resources provided in a crisis include both internal and external resources.

#### **Internal Resources**

Internal resources include those that are retrieved and implemented by the individual in crisis. These are often resources that have been explicitly taught to the individual for the purpose of self-de-escalation. Internal resources most often address internalizing behaviors, defined as an inward style of behavior such as withdrawal, loneliness, depression, and anxiety (Gresham et al., 1999). Internalizing behaviors often occur before externalizing behaviors, which is described below.

## **External Resources**

External resources include resources provided by a secondary individual observing the individual and the crisis they are experiencing. External resources include verbal de-escalation and physical interventions such as physical restraint and/or seclusion. Kerr and Nelson (2010) defined verbal de-escalation as an intervention specifically for students who may be at risk for aggressive behavior, using calm language and other communication strategies to diffuse, redirect, or de-escalate a situation. External resources most often address externalizing behaviors, defined as a situation when a student's behavior requires immediate attention to protect the physical and/or psychological safety of the individual or others (Gilliam, 1993). External resources include physical restraint and seclusion. *Physical Restraint* is any physical method of restricting an individual's freedom of movement, physical activity, or normal access to his or her body (International Society of Psychiatric and Mental Health Nurses, 1999). *Seclusion* is defined by the Civil Rights Data Collection (CRDC) in the U.S. Department of Education's (2012) Restraint and Seclusion Resource Document as "any involuntary confinement of a student alone in a room or area from which the student is physically prevented from leaving" (p. 10).

## **Crisis Intervention Models**

Many models have been developed for crisis intervention (e.g., Six-Step Model of Crisis Intervention, Non-Violent Crisis Intervention, Robert's Seven Stages of Crisis Intervention). Crisis intervention programs aim to help an individual regain a state of equilibrium (Aguilera, 1998). Additionally, they are typically composed of assessment,

understanding, confrontation, solutions, treatment, and follow-ups (e.g., CPI, 2014; Gilliland, 1982; Roberts & Yeager, 2009).

### **Six-Step Model of Crisis Intervention**

Gilliland (1982) developed a six-step model of intervention. The steps progress through the first three with an emphasis on assessing and listening to the situation and individual. Step one is defining the problem from the point of view of the individual in crisis. Step two is to ensure client safety, while continuously assessing the possibility of danger (physical or psychological). Step three is providing support, including emotional, instrumental, and informational support. The remaining three steps are “acting” steps, with an effort to complete the actions collaboratively. Step four is examining alternatives from three perspectives: situational supports, coping mechanisms, and the individual’s thinking patterns. Step five involves making a very detailed plan that outlines means for support and action steps. Lastly, step six is obtaining commitment, while having the client summarize the plan set forth. In 2013 a seventh step was added, follow-up. This model focuses on continuously assessing, listening, and acting in assisting a client, in an aim to help them regain a pre-crisis equilibrium (or as close to it as possible).

### **CPI Crisis Development Model**

The CPI Crisis Development Model (CPI, 2014) is presented in a two-column integrated experience model. On one side one must take into consideration the Crisis Development and Behavior Levels; these include; 1 – anxiety, 2 – defensive, 3 – acting out person, and 4 – tension reduction. They are addressed via the staff attitude and

approaches, matching the above levels by the assigned number: 1 – supportive, 2 – directive, 3 – nonviolent physical crisis intervention, and 4 – therapeutic rapport.

### **Roberts' Seven Stages of Crisis Intervention**

Roberts' Seven Stages of Crisis Intervention (Roberts, 2005; Roberts & Ottens, 2005; Roberts & Yeager, 2009) is an aggregated collection of work, spanning 50 years. The seven stages include assessment, collaborative rapport, developing definition of the crisis, emotional exploration, coping strategies, action planning, and follow-up.

### **Specific Crisis Intervention Programs**

Crisis intervention training is implemented across school districts in an in-service training; among the intervention programs selected is Crisis Prevention Intervention (CPI). Training takes place in a variety of formats including lectures, discussion, videos of interventions, role-playing, tutorial sessions, and outside readings and projects. Trainings were described across six descriptors in Couvillon and colleagues' (2010) piece, including general information/definitions, crisis antecedents & de-escalation, restraint procedures, restraint monitoring procedures, debriefing & follow up, and additional training. While trainings may vary from one organization to the next, a general training structure was identified by Couvillon and colleagues (2010) in a recommended 12-hour basic training program. In the program, general information and definitions were discussed for a half hour (4%); crisis antecedents and de-escalation were covered for 5 hours and 45 minutes (48%); restraint procedures were covered for 3 hours (25%); restraint monitoring procedures were covered for 1 hour (8%); debriefing and follow-up were discussed for 1 hour and 45 minutes (15%); additional training was not provided



(0%) (Couvillon et al., 2010). CPI (2014) recommended an annual renewal course that requires a minimum of 3 hours, but this is essentially set by the sponsoring facility. Completion of the course is determined by the participation in the training and a post-assessment.

### **Crisis Prevention Intervention (CPI)**

CPI was established in 1980 to provide support for human service providers (i.e., mental health, education). CPI focuses on two forms of aggressive behavior, verbally acting out and physically acting out, which require similar interventions. Verbal acting out requires verbal intervention while physical acting out requires physical intervention (as a last resort) (CPI, 2014). CPI notes the four levels of crisis development as anxiety level, defensive level, the acting out person, and tension reduction (CPI, 2014). CPI teaches verbal and physical intervention. They discuss how to assess a situation in terms of precipitating factors, rational detachment, and the integrated experience (CPI, 2014). The CPI model focuses on the verbal intervention but does address physical interventions as a last resort. Participants are taught personal safety techniques as well as Nonviolent Physical Crisis Intervention as a last resort (CPI, 2014).

### **Life Space Crisis Intervention (LSCI)**

LSCI is a therapeutic strategy that uses crises as an opportunity to teach alternatives to aggressive and inappropriate behaviors. They do this through a blend of psychodynamic, cognitive, behavioral and pro-social methods to develop powerful teaching and treatment interventions (LSCI, 2017). It is geared towards teachers, counselors, special educators, mental health, juvenile justice staff, residential child care

providers, administrators, and any other individuals who deal with youth in crisis. Three themes emerge when describing LSCI: crisis as an opportunity for learning, the need for positive behavioral interventions, and the use of powerful reclaiming strategies. LSCI challenges the general practices that rely on de-escalation, restraint, exclusion, and adopt a zero-tolerance philosophy to manage violent behavior (LSCI, 2017). While they agree they establish order, they do not correct the self-defeating behavior. They provided resources beyond that of control and equip teachers with skills to teach new behaviors. LSCI's problem-solving strategies target six specific behaviors: Red Flag – stress that is carried to another setting which yields conflict; Reality Rub – distorted perceptions/thinking errors that lead to emotional and behavioral problems; New Tools – problems due to lack of social skills and self-management strategies; Body Boundaries – destructive peer relationships; Massaging Numb Values – feelings of worthlessness, guilt that are damaging to self; and Symptom Estrangement – little conscience (LSCI, 2017).

### **Crisis Interventions in Instructional Settings**

Crisis intervention practices represent the “resources” in the frameworks and models presented. The resource must match the individual's perception of the situation in order for a state of equilibrium to occur (Caplan, 1964, 1974). Crisis intervention is largely represented in schools by Life Space Crisis Intervention (LSCI) (Dawson, 2003; D'Oosterlinck et al., 2008; Forthun et al., 2006, 2009; Grskovic & Goetze, 2005; Soenen et al., 2014), specifically in middle school (Dawson, 2003; Forthun et al., 2009), or by studies that include multiple grade level groups (elementary, middle and/or high school) (D'Oosterlinck et al., 2008; Forthun et al., 2006; Grskovic & Goetze, 2005; Ryan et al.,

2007; Soenen et al., 2014). A majority of research sets out to identify the impact of crisis intervention on student outcomes (Dawson, 2003; Forthun et al., 2006; Grskovic & Goetze, 2005; Ryan et al., 2007; Soenen et al., 2014). Student outcomes have been limited to frequencies of inappropriate behaviors (Dawson, 2003; Forthun et al., 2006; Grskovic & Goetze, 2005; Ryan et al., 2007) and frequencies of appropriate behaviors (Dawson, 2003; Soenen et al., 2014). Researchers have cumulatively found that LSCI decreases inappropriate behaviors, as measured by frequency of disciplinary referrals (Dawson, 2003), observations (Grskovic & Goetze, 2005), and crisis reports, vignettes, disciplinary referrals, questionnaires, and incident reports (Forthun et al., 2006). See Appendix B.

### **Purpose**

Research on crises can hold a multitude of purposes. Currently the research is represented by studies focused on the implementation of crisis intervention (Forthun et al., 2006, 2009; Ryan et al., 2007), the impact of crisis intervention on student outcomes (Dawson, 2003; D'Oosterlinck et al., 2008; Forthun et al., 2006; Grskovic & Goetze, 2005; Soenen et al., 2014), and the impact of crisis intervention on staff (Dawson, 2003; Tierney et al., 2007).

**Implementation of crisis intervention.** Three research studies focused on how a crisis intervention program is used in a school (Forthun et al., 2006, 2009; Ryan et al., 2007). Most of these studies reviewed logistical information of crisis intervention including but not limited to frequency, intensity, duration, who, why, and where (Forthun et al., 2006, 2009; Ryan et al., 2007). Of the studies reviewing the implementation of

crisis intervention, most were specifically reviewing LSCI (Forthun et al., 2006, 2009). Studies focusing on implementation of crisis intervention relied heavily on staff perception (Forthun et al., 2006, 2009; Ryan et al., 2007) and numerical representations of student outcomes (Forthun et al., 2006; discipline referrals).

Forthun et al. (2009) evaluated the implementation of LSCI among evaluators and the outcomes of both students and educators in a three-year study. Evaluation of implementation of crisis intervention was argued as a need, as more general education teachers are implementing crisis intervention in the classrooms (Forthun et al., 2009). Time is limited in the classroom setting, and LSCI is a six-step process often taking up to 45 minutes. Information was gathered to specifically look at the intensity, frequency, and length of LSCI, how many steps of LSCI were completed, the type of LSCI, and the average outcome. The implementation and outcomes specific to the LSCI protocol were observed and described by educators and did not include student descriptions or input.

Ryan and colleagues (2007) conducted a study examining the effects of an initial staff development in Crisis Prevention Intervention (CPI) followed by additional bimonthly support using Therapeutic Intervention (TI) specifically for de-escalation on the use of seclusion and physical restraint in a K-12 special day school. All staff members were additionally required to follow a schoolwide behavior intervention plan. Incident reports were collected following the use of seclusion or physical restraint. Variables on the incident report included age, gender, grade level, date and time, procedures used, duration, staff involved, and behavioral interventions used. A questionnaire was additionally sent out to assess the knowledge of school protocol and implementation of

crisis intervention. Information obtained was from staff members and did not include that of students.

Forthun and colleagues (2006) reviewed the implementation of LSCI in the school, while reviewing the impact it had on student office referrals, as well as the perceived effectiveness from the perspective of the classroom teachers. Forthun and colleagues (2006) follow the theme of retrieving primary sources of information from staff only, while using secondary data to identify and describe crisis intervention as it pertains to the students in crisis.

**Impact of crisis intervention on student outcomes.** Most research identified the impact of a crisis intervention program on student outcomes (Dawson, 2003; D'Oosterlinck et al., 2008; Forthun et al., 2006; Grskovic & Goetze, 2005; Soenen et al., 2014). Two of the studies explored the levels of anxiety (D'Oosterlinck et al., 2008; Soenen et al., 2014), while all reviewed crisis intervention's implications on problem behaviors (Dawson, 2003; D'Oosterlinck et al., 2008; Forthun et al., 2006; Grskovic & Goetze, 2005; Soenen et al., 2014). One of the studies (Soenen et al., 2014) included academic achievement in the student outcomes.

D'Oosterlinck and colleagues (2008) evaluated LSCI implementation on students referred to special schools with residential treatment for severe behavioral problems. Researchers reviewed the impact of crisis intervention on students' level of anxiety, aggression hostility, competence, feeling of self-esteem, and behavioral problems while comparing students who received the LSCI treatment with students who did not, to

identify differences on the level of anxiety, aggression, hostility, competence, feeling of self-esteem, and behavioral problems after a period of 11 months in residential care.

Soenen and colleagues (2014) evaluated the effectiveness of LSCI during a 4-year project. Researchers investigated three items: (a) the effect of the implementation of LSCI over a 4-year period on the anxiety of youth in a center offering special education and residential treatment; (b) the effect of the implementation of LSCI on the problem behavior of the youth in a center offering special education and residential treatment; and (c) whether this could be translated into measurable variables such as time in program and academic achievement.

Grskovic and Goetze (2005) evaluated the effects of LSCI on the disruptive classroom behavior of four students with learning disabilities at a special school in Germany over a 3-month period. Dawson (2003) researched the effects of LSCI training, through a three-semester experimental study within two junior high schools for students with learning disabilities. Data gathered included the frequency of crises, attendance rates, use of least restrictive environments (LRE), and number of suspensions to measure the impact of LSCI on students. Forthun and colleagues (2006) gathered discipline referrals to measure the impact of LSCI on student behavior.

**Impact of crisis intervention on teachers.** Two research efforts set out to identify the effects a crisis intervention program in a school has on the staff (Dawson, 2003; Tierney et al., 2007). Tierney and colleagues (2007) evaluated whether a 3-day training course for challenging behavior influenced staff cognitive and emotional responses, specifically staff feelings of efficacy, their negative emotional reactions to

challenging behavior, and causal beliefs through a self-report questionnaire. Dawson (2003) obtained staff perceptions of improved crisis intervention skills. They obtained this information through a pre-post staff rating of crisis intervention skills. The impact of crisis intervention of teachers relies heavily on the perception of teachers regarding the intervention they are implementing, with additional sources being limited to secondary sources for students that are essentially from again the perception of the teacher (e.g., suspensions, performance ratings, number of crisis intervention attempts).

### **Measures**

In crisis intervention in schools, researchers have answered their research questions in a combination of options. The most common means for obtaining data is through a questionnaire (D'Oosterlinck et al., 2008; Forthun et al., 2006; Ryan et al., 2007; Tierney et al., 2007). Teacher questionnaires included percentage of interventions that led to a referral (Forthun et al., 2006); self-efficacy, emotional reactions, and causal beliefs (Tierney et al., 2007); and self-reported understanding of school policy, level of training, and implementation practices (Ryan et al., 2007). Student questionnaires included measurements of hostility, anxiety, assertive behavior, and other self-perception elements (D'Oosterlinck et al., 2008).

Three studies reviewed student data including but not limited to office referrals, suspensions, and attendance (Dawson, 2003; Forthun et al., 2006; Soenen et al., 2014). Two research studies used the same crisis intervention report from which to review and collect data (Forthun et al., 2006, 2009). The crisis intervention report used in Forthun

and colleagues' (2006, 2009) research was specific to LSCI and included but were not limited to the central issue, disciplinary actions, and support for resolution.

Incident reports from crisis intervention implementation were also used (Forthun et al., 2006; Ryan et al., 2007). Incident reports included but were not limited to procedures used, duration, staff involved, and initiating behavior. Additional approaches included vignettes (Forthun et al., 2006), staff perceptions (Dawson, 2003), interviews (Soenen et al., 2014), and observations (Grskovic & Goetze, 2005).

**Reports.** Three of the studies reviewed used crisis and/or incident reports to understand the implementation of effects of crisis intervention provided to a student in crisis (Forthun et al., 2006, 2009; Ryan et al., 2007). The common purpose of these reports was to better understand the components that took place during the intervention as well as basic demographic information. Additionally, student input was not included on the crisis intervention or incident reports reviewed.

In Forthun and colleagues' (2006, 2009) studies the educators were instructed to complete an LSCI report following each situation that LSCI was used. The report asked for the type of LSCI intervention, the number of steps completed, the length of the intervention, the intensity of the crisis, and a brief description of the situation and outcome. Written descriptions of situations that preceded the use of LSCI and the outcomes were coded. Nine situation codes for the precipitated events and 12 codes for the outcomes were used.

In Ryan and colleagues' (2007) research, data were collected through incident reports that staff members were required to fill out following the use of either seclusion



or physical restraint. Coding variables included age, gender, grade level, data and time, the procedure used, duration of incident, staff involved, and behavior initiating the intervention.

**Interviews and questionnaires/surveys.** Most of the researchers conducting research on crisis intervention in schools are using interviews, questionnaires, or surveys (D'Oosterlinck et al., 2008; Forthun et al., 2006; Ryan et al., 2007; Soenen et al., 2014; Tierney et al., 2007). An accumulation of information has been included in the interview questions, questionnaires, and surveys, including but not limited to knowledge on policy, training, self-efficacy, and emotional reactions.

In Soenen and colleagues' (2014) research, teachers completed a Teacher Report Form (TRF). The TRF is a questionnaire specific to the teacher's perception of the student's school work and emotional and behavioral disorder. Additionally, the youth in this study were asked to complete a Youth Self Report (YSR). The YSR is also a questionnaire in which students score themselves on emotional and behavioral problems experienced.

In Ryan and colleagues' (2007) research, teacher surveys were administered to a convenience sample of 32 staff members. They were given a 44-item questionnaire aimed to identify the following: current school policies, frequency with which the policies were used, level of training staff received, and level of agreement on school policy.

Tierney and colleagues (2007) utilized a pre-post approach. The researchers administered a pre-assessment before the training and then at a 3-month follow-up. These assessments were in the form of a questionnaire that addressed self-efficacy, emotional

reactions, and causal beliefs. Researchers specifically used the Challenging Behaviour Attributions scale (CHABA) to measure staff's causal beliefs relating to the challenging behavior of students; additional measures for staff efficacy and emotional reactions were used.

Similarly, D'Oosterlinck and colleagues (2008) used five questionnaires to essentially assess the effectiveness of LSCI. Specifically, the questionnaires explored the effect of LSCI on EBD students' level of anxiety, aggression, hostility, competence, feeling of self-esteem, and behavioral problems. Researchers used the Multidimensional Anxiety Scale for Children (MASC), the Scale for Interpersonal Behavior (SIB), the Buss-Durkee Hostility Inventory-Dutch (BDHI-D), the Competence Experience Scale for Adolescents (CBSA), and the Child Behavior Checklist (CBCL).

**Observations.** One of the research studies reviewed used observations as a means to collect data on the impact of crisis intervention on students (Grskovic & Goetze, 2005). In Grskovic and Goetze's (2005) research they reviewed data they collected in 45-minute observations in core classes (e.g., math, chemistry) over a 3-month period. The dependent measure for each student was defined individually. Dependent measures included frequency of negative comments, verbal and physical aggression, obscene remarks, refusal to work, shouting out, and verbal provocations.

**Disciplinary referrals.** Three of the studies reviewed included disciplinary referrals to represent changes in behaviors for the students being supported through a crisis intervention program (Dawson, 2003; Forthun et al., 2006; Soenen et al., 2014). Disciplinary referrals such as these have been identified as heavily reliant on how

teachers perceive their students' behavior (O'Brennan, Bradshaw, & Furlong, 2014). Furthermore, disciplinary referrals have made it difficult to identify the contributing factors of student behavior (O'Brennan et al., 2014).

**Multiple measures.** In Forthun and colleagues' (2006) research, participants responded to a vignette about a disruptive child in the classroom through an Attribution Inventory (Poulou & Norwich, 2002), they completed these before the training and at the end of the school year. Researchers evaluated cooperative and coercive strategies. Additionally, a review of discipline referrals was conducted. This was done in two ways: first, participants completed a brief feedback questionnaire every 2 months; second, the description of events from the LSCI report was reviewed. The incident reports were compared to the discipline referral records to establish the rate of referrals addressed through LSCI. Participants took part in a focus group and were asked questions regarding LSCI's importance, previous practices that changed, and the impact on the student. The discussion was then grouped into themes.

## **Results**

Results across these eight studies varied but held similar themes. Three themes arose around the implementation of the crisis intervention programs: decrease in inappropriate behavior (Dawson, 2003; Forthun et al., 2006; Grskovic & Goetze, 2005), increase in appropriate behavior (Dawson, 2003, Soenen et al., 2014), and improved implementation for staff (D'Oosterlinck et al., 2008; Forthun et al., 2006, 2009; Tierney et al., 2007).

Researchers found that special education teachers and administrators completed more steps of the crisis intervention program when intervening with students (Forthun et al., 2006, 2009). The efficacy in which the programs were implemented increased (Dawson, 2003; Tierney et al., 2007) and the overall environmental climate increased (Soenen et al., 2014) upon the training of LSCI and/or CPI. A decrease in teachers' use of threats and punishment was observed (Forthun et al., 2006) as well as a decrease in inappropriate behaviors (Grskovic & Goetze, 2005) after the conclusion of crisis intervention training.

After staff training in crisis intervention referrals decreased (Dawson, 2003; Forthun et al., 2006) while staff and student relationships grew (Forthun et al., 2006; Grskovic & Goetze, 2005). The number of crises (Dawson, 2003) and the use of seclusion and restraint (Ryan et al., 2007) decreased following intervention training. Positive impacts were noted as well, including increased attendance rates (Dawson, 2003) and increased academic achievement (Soenen et al., 2014). While most results were positive, one of the researchers reported negative outcomes, including an increase in problem behaviors and somatic complaints following the training session for LSCI (D'Oosterlinck et al., 2008).

**Decrease in inappropriate behavior.** Many of the studies on crisis intervention in schools reported a decrease in inappropriate behaviors (Dawson, 2003; Forthun et al., 2006; Grskovic & Goetze, 2005). Inappropriate behaviors included the consequences to those behaviors as a mean for measurement. Specific inappropriate behaviors were school absences, fighting, and failure to complete work.

In Dawson's (2003) research the frequency of crises decreased dramatically in the school where LSCI was implemented. The experimental school additionally had a greater decrease in suspensions and a higher rate of attendance than the control school following the staff training.

The four participants in Grskovic and Goetze's (2005) research showed a decrease in challenging behavior after the implementation of LSCI. Descriptions of these decreases were limited. It was noted that the students' improved relationships with the teacher/principal could have impacted the "effectiveness" of the intervention. For one male student, inappropriate behaviors decreased. Using a social skill teaching approach, the other male student's challenging behavior decreased and was maintained following the study. The two females had similar results—improved behavior and a decrease in challenging behavior. It was not clearly stated what constituted as an "inappropriate" or "challenging" behavior.

In Forthun and colleagues' (2006) research, researchers studied the impact of crisis intervention training. A review of disciplinary referrals showed that referrals for disruptive behavior and failure to follow directions declined over time by 50% (middle school). Referrals for defiant behavior, fighting, and failure to complete assignments remained the same (middle school). Disciplinary referrals for major class disruptions and failure to follow directions decreased 20-25%, referrals for fighting decreased 75%, while referrals for defiant behavior increased (high school). Participant feedback noted personnel found the training encouraged them to better understand their students and their problems, and in turn treat them with more respect. Personnel also noted they were less

likely to send students to the principal before implementing LSCI. A common theme of trust and honesty between participants and students emerged. While the research design did not allow for a causal relationship to be made between LSCI and the results, an overall decrease in disciplinary referrals (20%) and improved interactions between participants and students was observed.

In Ryan and colleagues' (2007) research, the use of seclusion decreased 34.9% and physical restraint (ambulatory) decreased 17.6% after crisis intervention training. The use of mechanical restraint remained the same. Researchers looked at the time and day of occurrence and found a common trend between both years of the study; two peak times for crises were identified in both years, early morning and early afternoon. Staff reports showed almost all staff reported using inclusion timeout procedures, while all staff reported using exclusion timeout, both almost on a weekly basis. Additionally, the researchers found that the staff members were not using seclusion practices solely for the reasons they were trained (physical aggression, the safety of self/others). Seclusion was being used for nonviolent behaviors such as leaving an assigned area or disrupting the class.

In Soenen and colleagues' (2014) study they found that the youth self-report had no significant changes, except in their self-reported problem behavior, which was significantly decreased. The decrease in youth perception of problem behavior was especially evident on the internalizing scales. A decrease was observed in the anxiety of the children and adolescents and an overall more positive climate within the organization.

D'Oosterlinck and colleagues (2008) found that after crisis training, student anxiety and students' social behavior did not have significant changes. While the level of aggression and hostility of students with behavioral problems in the residential special school alone did not change, there was a positive trend for those in the LSCI group. A positive trend was observed with anxious coping, harm avoidance, separation/panic, and total anxiety for the LSCI group. There was an overall increase in behavioral problems and somatic complaints from students. The increase in somatic complaints from students in both groups was noted as possibly due to a need for attention or comfort in talking with staff.

**Increase in appropriate behavior.** Appropriate behaviors were also measured by the subsequent consequence following the behavior (Dawson, 2003; Soenen et al., 2014). Appropriate behavior consequences included, but were not limited to, use of mainstreaming (least restrictive environment; LRE). Additionally, appropriate behaviors included, but were not limited to, academic achievement, staff's perception of self-competency, and student-reported behavior.

In Dawson's (2003) research more students in the LSCI school were mainstreamed and were transferred to their LRE. Additionally, staff members in the LSCI school reported that they felt competent in managing crises, while the control school only had two of 16 staff to report the same level of competency. Findings from Dawson's (2003) work were consistent with similar studies regarding staff's ability to gain a sense of personal efficacy. Student responses on their perspectives of the programs were

additionally noted. A general theme of student openness to staff being able to help them was observed at the experimental school and not at the control school.

In Soenen and colleagues' (2014) research, results showed an increase in overall time in the program (behavioral support program). It was hypothesized that this could be due to an increased perception of competence on the teacher's part, making them feel more secure in their ability to help students in need of intervention, thus keeping them longer to make a difference. An increase in academic achievement was observed, and the authors connected this to previous research noting the positive impact crisis training has on the relationship between staff and students and the positive impact that has on academic performance. Student problem behavior remained stable over the 4 years.

**Improved implementation for staff.** While implementation and efficacy throughout staff as a key point in most of the research studies, improved implementation was a theme in results following the implementation of a crisis training session (D'Oosterlinck et al., 2008; Forthun et al., 2006, 2009; Tierney et al., 2007).

In Forthun and colleagues' (2006) research they found that on average participants completed four of the six interventions on which they received training. Special education teachers and administrators completed more stages than other personnel. Results from the Attribution Inventory found statistically significant changes in the participants' use of punishment. Analyses of the cooperative and coercive management strategies showed a decrease in threats for behavior management (significantly lower for males), and a decrease in punishment to manage behavior (significantly lower for those with nine or fewer years of experience).



In the 2009 research completed by Forthun and colleagues, a majority of reports came from classroom teachers. The number of reports obtained suggests that LSCI was used regularly. Principals and guidance counselors spent the most time with students in the LSCI process while teachers spent the least amount of time. Educators on average completed 4 of the 6 steps. The most common student difficulties that triggered the use of LSCI was student misbehavior and personal and peer issues. Outcomes included promoting insight, ongoing discussion, new skills discussed, and resolution.

Tierney and colleagues (2007) found an increase in staff self-efficacy in dealing with challenging behaviors, with no significant changes in emotional reactions or causal beliefs after LSCI training. The impact on staff confidence and efficacy after a 3-day training was like other findings from previous research on 3-day trainings. A relatively short training (3 days) is not sufficient to improve staff's negative emotional reactions to challenging behavior. Note there were no data staff competencies/performance collected for this evaluation.

### **Setting/Participants**

Research on crisis intervention programs have studied the impact on both students and staff. Most of the research is conducted across elementary, middle, and high school settings (D'Oosterlinck et al., 2008; Ryan et al., 2007; Soenen et al., 2014). Research specific to middle school-aged students (Dawson, 2003; Forthun et al., 2009) alone is also used frequently. Research was distributed evenly across school settings—general public school (Forthun et al., 2006, 2009), schools specifically for individuals with an emotional disturbance (Dawson, 2003; Ryan et al., 2007), residential placements

(D'Oosterlinck et al., 2008; Soenen et al., 2014), and schools for individuals with intellectual disabilities (Grskovic & Goetze, 2005; Tierney et al., 2007). Individuals with developmental disabilities are at risk for developing challenging behaviors (Brosnan & Healy, 2011). Holden and Gitleson (2006) found that individuals with intellectual disabilities were more likely to be aggressive than the general population.

Two of the research studies recruited participants from the general population (Forthun et al., 2006, 2009). Forthun and colleagues (2009) had participants who were middle school educators (administrator, alternative teacher, guidance counselor, classroom teacher, resource officer, student liaison) from a rural school district in west-central Pennsylvania. Students were largely represented as economically-disadvantaged (40% on or eligible for free or reduced lunch), and White (98%). Educators were mainly female (61%), white (94%), and with less than 10 years of experience (51.5%). One hundred twelve educators participated, while 69 participated in the implementation phase of the study.

Forthun and colleagues (2006) used school personnel—teachers, aides, counselors, and administrators, who volunteered to receive LSCI training ( $n=38$ , 19%) of the total number of employees ( $N=201$ ), 37 of which completed all the data. Participants completed a 5-day LSCI training. After the training, school personnel were asked to complete an LSCI report following each situation for which LSCI was used. The report included the type of LSCI, the stages of the process used, intensity, the length of intervention, and a description of the incident. Thirty-one of the 37 participants submitted the reports.

Two studies were in schools specifically designed for individuals with an emotional disability (Dawson, 2003; Ryan et al., 2007). Ryan and colleagues' (2007) research was specific to at-risk students who attended a special day school for grades K-12. The special day school was located in Minnesota and was specifically for students who have exhibited problem behaviors at their home school (grades K-12). Students attended this school on both a short- and long-term basis. An average of 90 students was enrolled throughout this study, 316 in total. Participants of this study were 42 students who attended a minimum of 75 school days. They included 40 males and 2 females; 37 Caucasian, 3 American Indian, and 2 African American students.

Dawson's (2003) research was conducted across two schools using a quasi-experimental design for research. One school served as the control school (47 students) and the other as the experimental school (44 students). A majority of students in both schools were African American males. Both schools were junior high schools for students aged 11 through 15 with emotional disturbances in the inner city of New York City. Both schools were a separate part within a general education school. The two schools were a matched school population (demographically) and were only 14 miles apart. Key demographics used for comparison included age, gender, racial distribution, socioeconomic status, and level of emotional disability. All students received federal funding, and free lunch and breakfast. Both programs had 17 licensed educational staff members. Each class had a special education teacher, a paraprofessional, and maintained a maximum of 12 students per two professionals.

Two of the studies recruited from a residential school setting (D'Oosterlinck et al., 2008; Soenen et al., 2014). D'Oosterlinck and colleagues (2008) conducted research across six schools (with residential treatment) in East-Flanders, Belgium. The six schools cumulatively had 517 youth and represented 95% of all placements for behavioral support in East-Flanders. There were 31 matched paired students, all Caucasian. Students (40 boys, 11 girls), were placed in either an experimental or control group. The groups were equivalent in age, CBCL scores, intelligence, and psychiatric diagnosis. Student age varied; 19.4% were between the ages of 9 and 13, 61.2% were between the ages of 14 and 16, and 19.4% were between ages 17 and 19. Seventy-one disorders were identified in the control group, and 60 disorders were identified in the experimental group; both were heavily represented by attention deficit hyperactivity disorder (ADHD), oppositional defiance disorder (ODD), conduct disorder (CD), and pervasive developmental disorder (PDD).

Soenen and colleagues (2014) conducted research at a center that serves a broad area in Flanders, Belgium. The centers served approximately 450 children and their families (on a large continuum of services). Residential groups are in groups of 12-14 children, with 4-7 group workers, and 3-6 social supervisors. A team of psychiatrists and psychiatric nurses were available to assist when needed. At the center, there were two schools, one for ages 3-12 and the other for ages 12-21. At the beginning of the research project (2009), there was 403 youth being treated, 71.8% were boys, and 28.2% were girls; 45.8% were in residential care and 54.2% attended special education but not the

residential care. The mean age was 13.55, ranging from 6 to 19. IQs ranged from 59 to 108 (mean of 76.16).

Two of the research studies were conducted at special schools for individuals with a specific learning disability (SLD) (Grskovic & Goetze, 2005; Tierney et al., 2007). For Grskovic and Goetze's (2005) study, the researchers utilized four students attending a special school for students with a learning "handicap" following an alternative curriculum. The students were 16 years and 2 months, 16 years, 13 years and 5 months, and 13 years and 9 months old. Two were in the tenth grade and two were in the seventh grade. Students had a variety of behavioral concerns including externalizing behavior, aggression, anxiety, depression, delinquency, schizophrenic behavior, ADHD, social problems, among others. A behavior management system using tokens was already in place before the staff participated in LSCI. Information about the staff members who participated was not included.

In Tierney and colleagues' (2007) research they recruited 48 staff members working at one of six organizations for individuals with intellectual disabilities in Ireland. The staff members were enrolled in an upcoming training course; all participants in the training were invited to participate in the study. There were 48 participants—43 females and five males. The age of participants ranged from 21 to 58 with an average age of 37.67. Job titles varied including supervisor/instructor ( $n=10$ ), nurse ( $n=10$ ), chef/supervisor ( $n=7$ ), houseparent/assistant ( $n=7$ ), unit head ( $n=1$ ), occupational therapist ( $n=1$ ), and other ( $n=2$ ).

## **Gaps in the Literature**

In summarizing crisis intervention research in instructional settings, the approach to the research seems to be where the holes are present. Research in instructional settings have relied heavily on specific crisis intervention programs (Dawson, 2003; D'Oosterlinck et al., 2008; Forthun et al., 2006, 2009; Grskovic & Goetze, 2005; Ryan et al., 2007; Soenen et al., 2014; Tierney et al., 2007). While staff perceptions have been measured (D'Oosterlinck et al., 2008; Forthun et al., 2006; Ryan et al., 2007; Soenen et al., 2014; Tierney et al., 2007), they are digested as the absolute for the crisis event; interrater reliability (Denzin & Lincoln, 1994) is not being attempted. Additional perceptions are warranted, especially the individual in crisis (Gilliland & James, 1997; Halpern, 1973; Lazarus, 1966; Parad, 1965), the student in the instructional setting. Staff members have given their perception of the events and what triggers the students' behaviors, but an individual's triggers can only be answered by the individual themselves. The staff's perceptions are important as they determine the resources that are being provided (Gilliland & James, 1997; Halpern, 1973; Lazarus, 1966; Parad, 1965) and must continue to be taken into consideration. Researchers have been quick to assign dependent variables to measure the impact of crisis intervention programs; many of these measures are staff- and school-dependent (e.g., grades, suspensions, use of physical restraints). A broader approach is needed to identify themes for future measures in crisis intervention.

### **Perceptions in Crisis Intervention**

Current research on the perceptions in crisis intervention is represented largely in counselor education and nursing. A majority of the studies address the perception of the intervention of the individual in crisis (Chien, Chan, Lam, & Cam, 2005; Duxbury & Whittington, 2005; Fish & Culshaw, 2005; Mohr et al., 1998; Petti et al., 2001; Steckley & Kendrick, 2008; Wynn, 2004) or the perception of the staff members implementing said interventions (Duxbury & Whittington, 2005; Fish & Culshaw, 2005; Petti et al., 2001; Steckley & Kendrick, 2008). Most studies were not event specific when obtaining perceptions, rather they focused on the individual's overall experiences with crisis interventions (Duxbury & Whittington, 2005; Fish & Culshaw, 2005; Mohr et al., 1998; Petti et al., 2001; Steckley & Kendrick, 2008). One study explored the perceptions immediately following the intervention (Wynn, 2004) and another within 2 days of their first experience with crisis intervention. Most of the research reviewed did not specify a specific intervention program in their exploration of perceptions in crisis intervention (Chien et al., 2005; Duxbury & Whittington, 2005; Fish & Culshaw, 2005; Mohr et al., 1998; Steckley & Kendrick, 2008; Wynn, 2004). Themes were identified across multiple studies on the perception of crisis intervention. Themes include the purpose of the research, the participants, the setting, the measures, and the outcomes of the research reviewed (see Appendix C).

#### **Purpose**

Most the studies have been situated around the goal of understanding the physical restraint experience through the perception of the staff and patient (Fish & Culshaw,

2005; Petti et al., 2001; Steckley & Kendrick, 2008). One of the studies explored the staff and patient perspectives of patient aggression and management (Duxbury & Whittington, 2005), while some studies focused on the patient's perspective alone (Chien et al., 2005; Mohr et al., 1998; Wynn, 2004). Most of the studies additionally focused on crisis as a reoccurring event rather than recollection of a specific event (Duxbury & Whittington, 2005; Fish & Culshaw, 2005; Mohr et al., 1998; Petti et al., 2001; Steckley & Kendrick, 2008). A limited number of studies reviewed a specific crisis event (Chien et al., 2005; Wynn, 2004).

**Staff and patient perceptions.** Four of the research articles sought to identify staff and patient perceptions of crisis intervention (Fish & Culshaw, 2005; Duxbury & Whittington, 2005; Petti et al., 2001; Steckley & Kendrick, 2008). Petti and colleagues (2001) sought to retrieve the following information: reason for restraint/seclusion, what could have prevented it, what alternatives were provided before restraint/seclusion, if medications were administered, explanation for seclusion/restraint, explanation for the criteria for the release from seclusion/restraint, sense of safety, and whether dignity and privacy were respected.

Steckley and Kendrick (2008) conducted a qualitative study exploring the experiences of children, young people, and residential workers during the use of physical restraint. Their questionnaires addressed acceptability of restraint, experiences of feeling at risk, thoughts and feelings leading up to/before/during/after the restraint, experiences of injury, and feelings of availability of support and impact on relationships. Similarly, Duxbury and Whittington (2005) sought to understand and identify the staff and patient



perspectives on the cause of aggression and the way in which it was managed. While most studies focused on physical intervention, Fish and Culshaw (2005) conducted interviews about incidents of aggression and the consequences that followed.

**Patient perceptions.** Three researchers set out to identify themes in patient perceptions during the implementation of crisis intervention (Chien et al., 2005; Mohr et al., 1998; Wynn, 2004). Chien and colleagues (2005) conducted a qualitative exploratory study in Hong Kong on the experiences of psychiatric inpatients' first encounter with physical restraint. Chien and colleagues (2005) aimed to address feelings about restraint users, safety and trust, caring/concerning behavior towards staff, explanations of physical restraint, the frequency of physical restraint, being respected, concern/empathy from staff, patient knowledge of physical restraint procedures, and feelings of self-worth after physical restraint.

Mohr and colleagues (1998) structured their study around two main questions: "What was your experience as you remember it" and "Tell me how you are doing now." Sub-questions included elaboration on feelings about the experience, caregivers, and the interventions. Similarly, Wynn (2004) investigated psychiatric inpatients' experiences with restraint. Wynn set up a qualitative study that he allowed to guide itself. He conducted informal discussions to identify main ideas for the follow-up interviews. The interviews were conducted to answer why physical restraint was being used, if and how it could be avoided, how they experienced physical restraint, and the effect that the use of physical restraint had on them.

## Participants

Participants can vary in crisis intervention research as it is a practice that begins as early as grade school and is implemented through elder years in nursing homes. Participants also vary in whose perception is being obtained, the individual in crisis or the interventionist. A majority of the participants in the studies reviewed were adults, either staff members (Duxbury & Whittington, 2005; Fish & Culshaw, 2005; Petti et al., 2001; Steckley & Kendrick, 2008) or adult patients or clients (Chien et al., 2005; Duxbury & Whittington, 2005; Fish & Culshaw, 2005; Wynn, 2004), while a limited three studies used participants under the age of 18 (Mohr et al., 1998; Petti et al., 2001; Steckley & Kendrick, 2008). A majority of these studies were done in either a hospital setting (Chien et al., 2005; Mohr et al., 1998; Petti et al., 2001) or a mental health/psychiatric ward (Duxbury & Whittington, 2005; Fish & Culshaw, 2005; Wynn, 2004). There was one study completed in a residential care facility for children (Steckley & Kendrick, 2008).

**Staff.** Four of the researchers recruited staff members for their exploration of perceptions in crisis intervention (Duxbury & Whittington, 2005; Fish & Culshaw, 2005; Petti et al., 2001; Steckley & Kendrick, 2008). Petti and colleagues (2001) recruited staff members who were trained by Crisis Prevention Intervention (CPI) through an annual training, with booster sessions made available to staff. Data were collected through semi-structured interviews with staff and patients in an effort to obtain the perceptions of seclusion and restraint. Steckley and Kendrick (2008) applied vignettes to retrieve perceptions of physical restraint from 41 residential staff members. Duxbury and Whittington (2005) utilized a convenience sample of 82 nurses, five of whom completed

a follow-up interview to gain insight on patient aggression and violence. Fish and Culshaw (2005) interviewed 16 nurses in an effort to understand staff and client perspectives on physical intervention.

**Adult clients/patients.** Most of the studies reviewed obtained adult client perceptions (Chien et al., 2005; Duxbury & Whittington, 2005; Fish & Culshaw, 2005; Wynn, 2004). Chien and colleagues (2005) had a total of 30 patients included in their study and a total of 38 interviews were conducted to obtain patient perception of physical restraint. Duxbury and Whittington (2005) used a convenience sample of 80 patients with the 82 nurses to obtain both perspectives of patient aggression and management. Fish and Culshaw (2005) used a total of nine clients and 16 nurses for their unstructured interviews to gain insight into patient and staff perceptions on physical restraint. Wynn (2004) sought to obtain patient perceptions through interviews with adult patients in a mental health facility.

**Child/youth clients/patients.** Three of the studies investigated the perception of younger clients, including youth and children (Mohr et al., 1998; Petti et al., 2001; Steckley & Kendrick, 2008). Petti and colleagues (2001) investigated the perceptions of seclusion and restraint through staff and patient interviews and questionnaires. Steckley and Kendrick (2008) conducted research across 20 establishments, in which 37 young people total (in addition to the 41 residential staff members) were given questionnaires to obtain their perception of crisis intervention. Mohr and colleagues (1998) published the preliminary results of a larger study which were specific to the investigation of the experiences and memories of formerly hospitalized children. The qualitative,

exploratory-descriptive study (Mohr et al., 1998) reviewed 550 medical records, patient questionnaires, and interrogatories, in addition to in-depth interviews with 19 individuals who were hospitalized. Follow-up interviews were conducted at the 3-month mark, all in an effort to obtain patient perceptions on physical restraint.

### **Setting**

Many of the studies reviewed were within more restrictive settings including a hospital (Chien et al., 2005; Mohr et al., 1998; Petti et al., 2001), a residential facility (Steckley & Kendrick, 2008), or a mental health or psychiatric ward (Duxbury & Whittington, 2005; Fish & Culshaw, 2005; Wynn, 2004). No school settings were used, but three of the students represented school-aged children (Mohr et al., 1998; Petti et al., 2001; Steckley & Kendrick, 2008). The facilities in Steckley and Kendrick's (2008) research included children's homes, residential facilities, and secured accommodation services.

**Hospital.** Three of the research studies were conducted in a hospital setting (Chien et al., 2005; Mohr et al., 1998; Petti et al., 2001). Petti and colleagues (2001) conducted research at state-operated facilities for adolescent girls who exhibited violent and self-harming behaviors in order to obtain their perceptions of seclusion and physical restraint. Chien and colleagues (2005) sought to obtain adult patient perceptions in a hospital setting. Mohr and colleagues (1998) investigated the experiences and memories of formerly hospitalized children, in order to retrieve their perceptions of physical restraint.

**Residential facility.** One of the studies was conducted in a variety of residential-like settings (Steckley & Kendrick, 2008). Steckley and Kendrick (2008) aimed to identify staff and patient perceptions on physical restraint in a residential care facility for children.

**Mental health/psychiatric ward.** Three of the research studies were conducted in a mental health psychiatric ward (Duxbury & Whittington, 2005; Fish & Culshaw, 2005; Wynn, 2004). Duxbury and Whittington (2005) reviewed staff and patient perceptions of patient aggression and management in a mental health facility for adults. Fish and Culshaw (2005) obtained staff and patient perceptions of physical restraint used in a mental health facility for adults as well. Wynn (2004) focused on patient perceptions on physical restraint used in a psychiatric ward for adults.

## **Measures**

Researchers obtained the perception of crisis interventions in a variety of ways; semi-structured interviews (Chien et al., 2005; Duxbury & Whittington, 2005; Mohr et al., 1998; Petti et al., 2001; Steckley & Kendrick, 2008; Wynn, 2004) and surveys (Duxbury & Whittington, 2005; Steckley & Kendrick, 2008). Additionally, a common theme was the use of familiar staff members to conduct the interviews (Fish & Culshaw, 2005; Petti et al., 2001).

**Semi-structured interviews.** Structured interviews were the most frequently used measure to obtain perceptions of crisis intervention (Chien et al., 2005; Duxbury & Whittington, 2005; Mohr et al., 1998; Petti et al., 2001; Steckley & Kendrick, 2008; Wynn, 2004). Petti and colleagues (2001) collected data through semi-structured

interviews with staff and patients. This information was then presented to staff, which allowed them a greater appreciation for the impact of seclusion and restraint. This shared perspective seemingly impacted the number of seclusions and restraints. Questions for both staff and patients included, “What could have been done to have prevented the use of restraint/seclusion?” and “What alternatives were provided prior to the use of seclusion/restraint?”

Duxbury and Whittington (2005) used semi-structured questionnaires in addition to vignettes that represented a situation in a residential facility. These strategies were used to collect staff and patient views and experiences. The semi-structured questionnaires were used in 90-minute (adults) and 30-minute (young people) interviews. Chien and colleagues (2005) also used 45-minute interviews that were held within one to two days of the removal from the restraint. Duxbury and Whittington (2005) utilized semi-structured interviews and the MAVAS survey to obtain the perceptions on aggression and management. Mohr and colleagues (1998) used in-depth semi-structured interviews. The major questions were, “What was the experience of your psychiatric hospitalization as you remember it?” and “Tell me how you are doing now.” Wynn (2004) conducted interviews approximately 11 days after the episode but focused on the most recent experience with physical restraint. Data collection and analysis were done simultaneously. Two studies additionally included the use of surveys in order to obtain perceptions of crisis intervention (Duxbury & Whittington, 2005; Steckley & Kendrick, 2008).

**Patients interviewed by familiar staff.** Two sets of researchers identified the importance of having an individual who has rapport with the individual in crisis to conduct the interview (Fish & Culshaw, 2005; Petti et al., 2001). Petti and colleagues (2001) had a staff member who was not a part of the intervention being discussed to conduct the interviews with patients. Fish and Culshaw (2005) used unstructured interviews to utilize a participatory approach. The use of open unstructured interviews was used to open conversation and to avoid leading participants. Clients were interviewed by a well-known staff member in hopes that they would be more comfortable and elicit more information (Norman & Parker, 1990, as cited in Fish & Culshaw, 2005).

### **Outcomes**

The results from the aforementioned studies varied as the purpose and populations were different. The most common theme found in the results was the perception of the reason for physical restraint, including safety (Petti et al., 2001; Steckley & Kendrick, 2008), environment (Fish & Culshaw, 2005), or an accumulation of multiple factors (Duxbury & Whittington, 2005; Wynn, 2004). Some of those same studies explored further in the crisis experience the perceptions of what could have prevented the crisis situations, including compliance (Petti et al., 2001), the use of timeout, relationships (Fish & Culshaw, 2005), and positive attention and relationships (Wynn, 2004).

Patient and staff concerns were explored in three of the studies (Fish & Culshaw, 2005; Mohr et al., 1998; Petti et al., 2001); concerns included re-traumatization (Fish & Culshaw, 2005) and vicarious and direct trauma (Mohr et al., 1998). Additional concerns included a sense of ambiguity (Steckley & Kendrick, 2008) in physical restraint and an

overall negative experience was identified by staff (Chien et al., 2005; Fish & Culshaw, 2005; Steckley & Kendrick, 2008). Likewise, patient perspectives of physical restraint were negative as well (Fish & Culshaw, 2005; Mohr et al., 1998; Steckley & Kendrick, 2008; Wynn, 2004).

Additional findings included that relationships in crisis intervention impacted the outcome (Chien et al., 2005; Fish & Culshaw, 2005; Mohr et al., 1998; Steckley & Kendrick, 2008), an overall perceived impact (Chien et al., 2005; Fish & Culshaw, 2005; Wynn, 2004), and the positive effect of debriefing within one study (Petti et al., 2001). Over half of the studies found that relationships mattered in crisis intervention implementation and effectiveness (Chien et al., 2005; Fish & Culshaw, 2005; Mohr et al., 1998; Steckley & Kendrick, 2008). This idea of crisis intervention as a perceived therapeutic impact was also a reoccurring theme (Chien et al., 2005; Fish & Culshaw, 2005; Wynn, 2004). One study found that debriefing yielded a decrease in the number of crisis situations (Petti et al., 2001).

**Reason for physical restraint.** Five researchers explored the perception of individuals involved in crises (individuals in crisis and staff implementing intervention), specifically their understanding of why physical restraint was being used (Duxbury & Whittington, 2005; Fish & Culshaw, 2005; Petti et al., 2001; Steckley & Kendrick, 2008; Wynn, 2004). Petti and colleagues (2001) found that staff perceived the main reason for seclusion and restraint as safety, and patients perceived it as non-compliance. Steckley and Kendrick (2008) found that almost all participants agreed that physical restraint is sometimes necessary and acceptable, while most agreed that physical restraint was to be



used as a last resort to secure safety. Duxbury and Whittington (2005) found that nurses identified mental illness as the main reason for aggression which led to the need for physical restraint, which patients did not agree with. Fish and Culshaw (2005) found clients identified safety, response to aggression/acting up, and attempting to control a situation as reasons for physical restraint. Wynn (2004) found that physical restraint was reportedly used because of medication, refusal to follow directions, loss of control/risk of self-harm, or aggression towards staff.

**Prevention strategies.** Researchers have explored preventative strategies in moments of crisis, including alternatives for physical restraint. Specifically, three researchers in the review conducted identified the perceptions of alternatives from the participants in their studies (Fish & Culshaw, 2005; Petti et al., 2001; Wynn, 2004). Petti and colleagues (2001) found a majority perceived timeout (45%) as the main action prior to the use of seclusion and restraint. In discussions, Fish and Culshaw (2005) identified the things that helped clients when they became aggressive. The themes identified were time alone, talking with someone, physical restraint, and relationships (with staff and other clients). In Wynn's (2004) research there were split responses regarding how to avoid physical restraint, including more positive attention and open communication, and an approach that emphasized patient security in a nonthreatening way.

**Concerns.** Concerns about physical restraint were explored across three studies, highlighting both *patient* and *staff* perceptions (Duxbury & Whittington, 2005; Mohr et al., 1998; Steckley & Kendrick, 2008). Concerns included an overall negative perception of the intervention by both staff members (Chien et al., 2005; Fish & Culshaw, 2005;

Steckley & Kendrick, 2008) and patients (Fish & Culshaw, 2005; Mohr et al., 1998; Steckley & Kendrick, 2008; Wynn, 2004).

Steckley and Kendrick (2008) identified concerns from both the young people and staff around inadequate reasons for physical restraint and how physical restraint was done. Staff's feelings after physical restraint were negative and mentions of guilt and defeat were noted. Young people often noted no feelings and at times no memory of physical restraint, which brought into questions whether it wasn't memorable or so traumatic that that not remembering was their coping strategy. Duxbury and Whittington (2005) found results that indicated both patients and nurses perceived the environment and poor communication as a significant impactor of aggression.

When retrieving perceptions on crisis interventions, Mohr and colleagues (1998) found themes around vicarious trauma, staff alienation, and direct trauma. Vicarious trauma was the act of seeing others "taken down," which yielded both personal and environmental effects. Staff alienation was mainly identified through a client's sense of being misunderstood. Lastly, direct trauma included physical and psychological trauma, a sense that staff members were responding based on emotion and not reason, staff's perceived desire to have the "power," and many children did not understand why physical restraint was being used.

Chien and colleagues (2005) found that expressed positive feelings about restraint users and that staff were concerned about the patients' needs and were willing to help ( $N=20$ ). Additional reports of trust in staff and their knowledge in caring for patients was

expressed ( $N=20$ ). A majority reported that there was an explanation of the restraint and that it was helpful ( $N=20$ ).

Fish and colleagues found that clients identified other clients, atmosphere, locked environment, and staff as reasons for their aggression. Staff reportedly were upset, blamed themselves, and had a stressful awareness of the situation during moments of aggression. Clients identified they responded to physical restraint in the following ways: frustration, more aggressive, physical pain, upset, and feelings of guilt.

Wynn (2004) reported many of the participants as feeling angry, fearful, and distrustful of staff after the episode of restraint, noting that the “provider-patient alliance” had been damaged. Patients noted that their integrity had been violated, while some expressed an understanding for the use of physical restraint.

**Relationships matter.** Over half of the studies reviewed found that relationships played a role in how successful crisis interventions were (Chien et al., 2005; Fish & Culshaw, 2005; Mohr et al., 1998; Steckley & Kendrick, 2008).

Steckley and Kendrick (2008) found that positive relationships have an impact on the experiences of restraint. Chien and colleagues (2005) found that approximately half of the participants emphasized the importance of being respected ( $N=15$ ). When feelings were negative towards the staff there was a level of frustration for the patients during restraint. Negative feelings towards staff and the process of restraint included staff’s lack of concern about the situation, unjustifiable restraint, and patient’s lack of knowledge of procedures and “best practices.”

Fish and Culshaw (2005) had participants who specifically noted that special relationships with staff helped them remain calm; others further emphasized this point by noting the importance of trusting the staff who cared for them. Mohr and colleagues (1998) found that many patients felt a sense of trauma through alienation from staff and a lack of relationships.

**Perceived impact of physical restraint.** Three researchers explored the perceived impact of physical restraint on patients (Chien et al., 2005; Fish & Culshaw, 2005; Wynn, 2004). Chien and colleagues (2005) found that after restraint patients held a sense of being powerless, helpless, and dehumanized. Fish and Culshaw (2005) had an unexpected theme arise, mainly among females, a sense of re-traumatization, and the idea that physical restraint brought up memories of past abuse. Patients in Wynn's (2004) study reported the following of their experiences of physical restraint: they actively resisted, fought back, panicked, defended themselves, were frightened, anxious, angry, and had physical discomfort. Lastly, patients felt angry with staff, felt the staff had "power" over them, and felt their integrity had been violated after physical restraint.

**Effects of debriefing.** One study found an interesting side effect of the debriefings they were conducting for their research—a decrease in the number of episodes that warranted physical interventions (Petti et al., 2001).

### **Gaps in the Literature**

While perceptions of crisis intervention have been explored in a limited number of researches, a majority occur in counselor education journals or nursing journals. Perceptions of students in crisis within the instruction setting is limited to a single study

by Steckley and Kendrick (2008). Crises in instructional settings can have different precipitating factors (CPI, 2014) or antecedents (Bijou et al., 1968). There was a balanced representation of staff and client perceptions obtained through semi-structured interviews which allowed for the participants to lead the discussion on their perceptions, but the target of those interviews did not match crisis theory (Gilliland & James, 1997; Halpern, 1973; Lazarus, 1966; Parad, 1965). The interviews for the clients should be directed to their perception of the crisis event and the subsequent events that follow including responses to intervention strategies. Staff interviews should address perceptions of the event and how those perceptions impact selection of intervention strategies. Lastly, a majority of research focused on physical restraint (Chien et al., 2005; Fish & Culshaw, 2005; Mohr et al., 1998; Petti et al., 2001; Steckley & Kendrick, 2008; Wynn, 2004) rather than the whole crisis continuum of support. The whole continuum should be studied, because if verbal de-escalation strategies work, there is a balance between the client perception and the resources provided, and that is worth noting.

### **Rationale for Study**

While research has been conducted in crisis intervention in the instructional setting and in the perceptions of crisis interventions, the two areas have not yet amalgamated. Crisis theory has had a sound foundation since the early 1960s (Caplan, 1964) which has not been applied in instructional settings, where 15% of students are in need of crisis intervention (Stormont et al., 2012). Crises in instructional settings have been limited to assessing specific intervention programs rather than creating a solid foundation upon which to build. Measurements of assessment are heavily reliant upon

measures that are dependent on the staff and school (e.g., grades, suspensions, use of physical restraint). Disciplinary referrals such as these are greatly subject to how teachers perceive the student's behavior (O'Brennan et al., 2014). Conversations need to be held and stories need to be told to identify the themes that surround the phenomenon referred to as crisis. Multiple perceptions are required to obtain the essence of this event, but information sought after must be deliberate (Gilliland & James, 1997; Halpern, 1973; Lazarus, 1966; Parad, 1965). Student perceptions are needed to understand their behavior, which requires the crisis intervention resources provided by a different individual motivated by their own perceptions (Gilliland & James, 1997; Halpern, 1973; Lazarus, 1966; Parad, 1965). This vulnerable population holds the key to crisis intervention and Meehan, Vermeer, and Windsor (2000) suggest that people with mental illness are a disempowered group and may therefore be reluctant to voice any criticisms about the services they receive.

### **Research Questions**

The purpose of this study was to explore the perception of behavioral crises in the instructional setting, specifically the resources that are provided during the crisis, the student perception of the crisis, and whether the two create a state of equilibrium. Additionally, the study aimed to obtain the perceptions of students in crisis and those implementing the intervention during the same crisis. This research did not implement any form of an intervention, but rather obtained perceptions of an already intact intervention program. The following research questions were investigated:

1. Research Question 1 (RQ1): How do students with behavioral concerns perceive the crisis event?
2. Research Question 2 (RQ2): How do students with behavioral concerns perceive the crisis intervention process?
3. Research Question 3 (RQ3): How do perceptions of the crisis event of students with behavioral concerns align or not align with staff members' perceptions of the same event?
4. Research Question 4 (RQ4): How do perceptions of the crisis intervention process of students with behavioral concerns align or not align with staff members' perceptions of the same event?
5. Research Question 5 (RQ5): How have staff members planned to respond to said crisis?

### **Summary**

Within the literature there were four areas identified: the purpose of the research studies, the measures of crisis intervention impact, the results, and the setting and participants recruited.

Within these areas themes were identified in both the crisis intervention in the instruction setting portion and the perceptions of crisis intervention portion. While perceptions of crisis intervention studies sought to obtain perceptions of these crisis events, they were limited by older populations and often limited to the perceptions of the interventionists providing the resources for the individual in crisis. Missing pieces include the perception of crisis events in the instructional setting, perceptions of both the

individual in crisis and the staff who provided the intervention (resource), and why those perceptions mattered. While many students with EBD represent the number of students that require crisis support in the instruction setting, the studies varied in inclusion criteria, and none were specific to students with EBD. Additionally, the interviews were not specific to one crisis event, which prohibited the previous researchers from comparing the perceptions of the individual in crisis to the perception of the staff providing crisis supports. Thus, a deeper review of the crisis phenomenon is warranted. In the following chapter, the methodology for this study will be discussed, as well as procedures for data collection and analyses.



### **CHAPTER III**

### **METHODOLOGY**

The purpose of this study was to explore student and staff perceptions of behavioral crises in the school setting, the resources provided during the crisis, and whether the student perception and resources provided create a state of equilibrium. This chapter includes the research questions, research design, population and participants, recruitment of participants, data collection, data sources, data analysis, validity, reliability, and limitations within this study.

This study was conducted using a qualitative approach—hermeneutic phenomenological research methodology (Heidegger, 1962; van Manen, 2002). Kafle (2011) states that when using hermeneutic phenomenology, the “epistemology is grounded on the belief that knowledge making is possible through subjective experiences and insights” (p. 194). Hermeneutics is reliant on the openness to experiences and their meanings rather than theoretical meanings and implications (van Manen, 2002). Crisis theory, specifically the ABC-X Family crisis model (described in further detail in Chapter II), rests on the understanding that individual perception largely defines a crisis as well as impacts the outcomes from the crisis intervention (Hill, 1949). The ABC-X family crisis model is event-specific, similarly to the practices of hermeneutic phenomenology. This study relied on individual experiences, insights, and perceptions

(van Manen, 2002) throughout the theoretical framework and epistemology, both of which largely impacted the methodology described below.

### **Research Questions**

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4. Research Question 4 (RQ4): How do perceptions of the crisis intervention process of students with behavioral concerns align or not align with staff members' perceptions of the same event?
5. Research Question 5 (RQ5): How have staff members planned to respond to said crisis?

### **Research Design**

Qualitative research provides the opportunity for the world to be made visible through a set of interpretive, material practices (Denzin & Lincoln, 2003). Identifying how people make sense of their world and the phenomenon they experience is the essence of qualitative research (Merriam & Tisdell, 2016). This study sought to understand the crisis phenomenon through the understanding of the individual in crisis

and the interventionists providing support during the crisis, and specifically how they interpret their experiences, and furthermore, how it may or may not impact their reactions to those phenomena.

### **Phenomenology**

Phenomenology is an inductive, descriptive research approach used to describe an experience as it is lived by an individual (Merriam & Tisdell, 2016). Phenomenology relies heavily on the importance of personal perspective and interpretation and is based on personal knowledge and subjectivity (Merriam & Tisdell, 2016). Merriam and Tisdell (2016) noted the capability for understanding subjective experience through phenomenological methodology, while understanding people's motivations and actions by cutting through assumptions. The goal of phenomenology is for the reader to come away with "I understand better what it is like for someone to experience that" (Polkinghorne, 1989, p. 46). Furthermore, the phenomenological approach is appropriate for studying affective, emotional, and often intense human experiences (Merriam & Tisdell, 2016), such as those experiences within and around a crisis.

Phenomenology has some distinct procedures for data collection and analysis, bracketing, reduction, horizontalization, and imaginative variation. The process identified as "bracketing" is to be completed prior to the interviewing of those who have had direct experiences with the phenomenon (Merriam & Tisdell, 2016). Prior to retrieval of information surrounding the phenomenon, the researcher explores his or her own experiences. The purpose of the process of bracketing is to examine dimensions of the experience and in part to become aware of personal prejudices, viewpoints, and

assumptions (Merriam & Tisdell, 2016; Moustakas, 1994). Schmitt (1968) noted that the research then invalidates, inhibits, and disqualifies all assurances from prior knowledge and experiences. Temporarily setting aside the prejudices and assumptions identified in the bracketing process is completed so that one can examine consciousness itself (Merriam & Tisdell, 2016).

Phenomenological reduction is the process of continually returning to the essence of the experience to derive the inner meaning of itself. Phenomenology is a presentation of the essence of a phenomenon (Creswell, 2013). Thus, phenomenological reduction is used. Then an isolation of the phenomenon is done to comprehend its essence. For data analysis horizontalization is completed. Horizontalization is the process of laying out all the data for examination and treating the data as having equal weight (Moustakas, 1994). Data are then organized into clusters or themes (Moustakas, 1994). Lastly, imaginative variation is done, viewing the data from various perspectives (Merriam & Tisdell, 2016).

### **Hermeneutic Phenomenology**

Martin Heidegger (1977) suggested that personal opinions cannot be suspended in phenomenological research. This shift in mindset created a new branch of phenomenology, referred to as hermeneutic phenomenology. Hermeneutic phenomenology functions under the assumption that reduction is impossible and that there will always be endless interpretations (Kafle, 2011). Hermeneutic phenomenology focuses on subjective experiences of individuals and groups (Kafle, 2011). However, the goal of hermeneutic phenomenology is to go beyond the subjective experience and identify the objective nature of the experience as identified by the individual (Hartley,

2006). Interpretations are assumed to be all we have in hermeneutic phenomenology and that descriptions of an event are within itself an interpretive process, specifically the hermeneutic cycle should be used for the strongest interpretation of a phenomenon (Kafle, 2011; Lavery, 2003). Hermeneutic phenomenology focuses on the trivial aspects within an experience that are often taken for granted, creating new meaning and understanding (Wilson & Hutchinson, 1991).

While there is no specific protocol for conducting hermeneutic phenomenological research, many noted scholars have provided suggestions for implementation (e.g., Langdridge, 2008; Merriam, 1998; van Manen, 1990, 1997). For sampling purposes, it is suggested to use purposive sampling for rich information (Merriam, 1998). Langdridge (2008) highlights the notion that our experiences are best understood through the stories we share of those experiences, often through interviews. Multiple tools have been suggested for data collection, all contingent on the questions of the phenomenon that are to be answered. Tools include interviews, observations, and protocols (Kafle, 2011). Data analysis is suggested to be processed using the thematic aspects (van Manen, 1997). Furthermore, data should go rigorously through the hermeneutic cycle which incorporates reading, reflective writing, and interpretation (Lavery, 2003).

Four quality criteria have been provided by van Manen (1997) for hermeneutic phenomenology. These criteria include orientation, strength, richness, and depth. Orientation refers to involvement of the researcher in the world of the experience or phenomenon. Strength specifically refers to the persuasive nature of the text, in representing the inherent meanings from the participant's stories. Richness is about the

aesthetic quality of the text which presents the perceived meanings of the participants.

Lastly, depth is the ability to go beyond the subjective responses of the participants and represent their intentions.

### **Bracketing**

Bracketing is the process of sorting out the understandings that belong to the researcher's experiences with the phenomenon and keeping those separate from the understandings of the participants (Drew, 2004). Husserl (1964) notes that bracketing involves a phenomenological reduction to create an unprejudiced study that will accurately present the participant's perception of the phenomenon being studied.

This researcher will complete bracketing using reflexive journaling. Reflexive journaling is a method of bracketing, a process that begins before the conception of the research questions (Ahern, 1999). This process allows researchers to identify their preconceptions throughout the entire research process (Ahern, 1999). In the reflexive journal the researcher includes the reason for the research; assumptions including but not limited to gender, sexual orientation, race/ethnicity, socioeconomic status; the researcher's place in the power hierarchy of the research; and the researcher's personal value system (Hanson, 1994). Paterson and Groening (1996) noted the importance of including feelings such as blame that indicate presuppositions in the reflexive journaling. The reflexive journal was maintained in a Word document; entries were made throughout the research but specifically addressed the development of research questions, structural development of the research processes, data collection, data analysis, and the dissemination of findings.

**Researcher bracketing statement.** The researcher is a special education professional who obtained an undergraduate dual degree in special education and elementary education. She then began teaching in a rural county middle school, students with learning disabilities (LD) and EBD. She then began teaching in a self-contained EBD classroom for children from kindergarten through fifth grade in the same rural county in which she started teaching. At that time, she obtained a master's degree in special education focusing on LD and EBD. She furthered her expertise in crisis intervention by becoming a certified instructor for a national crisis intervention training program, at which time she conducted all training in her assigned county. While the researcher is emerged in the context of this research as suggested in hermeneutic research (van Manen, 2014), she continuously wrote reflexive journal entries to identify potential biases throughout the research process.

## **Participants**

### **Sampling**

This study aimed to discover, understand, and gain insight of a specific phenomenon, a behavioral crisis; therefore, selection of participants was made from a sample in which the most information can be derived (Kafle, 2011). This study incorporated the use of purposive sampling (Chein, 1981; Patton, 2015) from a unique sample (Merriam & Tisdell, 2016). Participants are “called in precisely because of their special experience and competence” (Kafle, 2011, p. 96), thus the selection criteria stated below was used. Due to the reliance on the occurrence of the phenomenon before the

retrieval of data, the recruitment procedures were incorporated in the selection criteria and procedures described below.

**Selection criteria.** Student participants targeted for this research study were students who have experienced a behavioral crisis and who have received crisis intervention in an instructional setting. Student participants were selected based on the following criteria: current IEP or equivalent educational treatment plan, behavioral concerns, history of a need for crisis intervention, and between the ages of 5 and 17. Exclusion criteria was event specific and is described in a subsequent portion of this chapter.

**Public recruitment.** The individual's participation was contingent first upon their parent or guardian's completion of the consent form. Parents or guardians were given information on the research study and the contact information of the researcher through public recruitment methods including social media. They were instructed to contact the researcher if they were interested in their child participating in the study or if they had further questions. After parent or guardian consent was obtained, the researcher informed the students of the study and their role within the study. At that time the researcher obtained written assent from the student. After the occurrence of a crisis and the implementation of crisis intervention, the parents contacted the researcher to set up a time for the interview before the end of the day in which the crisis occurred. Before the researcher arrived to conduct the interview, she called the parents to ensure that the student was at a state of equilibrium and that they were still willing to be interviewed (second level of assent). If all steps were completed before the conclusion of the day, the



student was then a participant of the research study, which triggered the review of the incident report and protocol documentation.

### **Data Collection**

Three sets of data were collected for reliability through triangulation (Merriam & Tisdell, 2016); student interviews, crisis reports (completed by instruction setting), and protocol documentation reviews (IEPs, FBA/BIPs, and/or crisis plans). These three datasets reflect the procedural protocols for crisis intervention, the information that drove those decisions, and the actual perception of the events from the student in crisis and the staff providing the intervention.

### **Procedures**

Five research questions guided this study of seeking a better understanding of crises and the interventions provided; a research matrix was created to depict the participants, number of participants, data sources, and analysis procedures for each research question (see Appendix D). As mentioned above, after a crisis occurs the parents followed the procedures to set up the interview with the researcher before the conclusion of that day. The interview was conducted by the researcher who was not a part of the crisis intervention (Fish & Culshaw, 2005; Norman & Parker, 1990). Additionally, the researcher did not review any documentation from the incident ahead of time to ensure the interview was retrieving information only from the student's perception. The researcher had met with the student and their parent prior to the study to establish a form of rapport before the crisis occurred and before the interview was conducted.

**Interview procedures.** The procedures for crisis selection were event- and student-dependent and were as follows:

1. Student participated in a normal day.
2. Crisis (as previously defined) occurred.
3. Parent was notified by the school.
4. Parent called the researcher and set up a time (in the same day) for the student interview.
5. If the student was at a state of equilibrium at the end of the day (prior to the interview) and verbally provided a second level of assent, the interview was held.

The researcher called before they arrived to conduct the interview to ensure the student was in at a state of equilibrium and still willing to participate in the interview. The parent observed the student to determine if they were in an observable state of equilibrium (not a danger to self or others, responding to verbal redirections); then they asked the student if he or she was still interested/willing to talk to the researcher about what happened, and reminded them of the assent form they previously signed. If the student were to become upset during the interview (escalates again, verbal and/or physical), the interview would have been stopped immediately and intervention strategies set forth by parents. No additional interviews with that individual would have been attempted for the remainder of that day. Additionally, if the individual escalated during the interview on two separate occasions, they would have no longer been asked to participate in the de-briefing interviews for this study, for the safety of themselves and

others. If two or more students were excluded from the study due to the previously stated criteria, the study would have been stopped and procedures would have been reviewed.

Exclusion criteria for the crisis event was set for the safety of the researcher conducting the interviews and the individuals in crisis. Under the following conditions the interview for the crisis under review would have been stopped and not included in this research study:

1. Crises that must have been supported by personnel outside of the facility, including but not limited to emergency medical personal, outside crisis support teams, and/or police.
2. If the individual in crisis did not return to a state of equilibrium (within the same day as the initial crisis).

**Incident report review procedures.** Additionally, the staff and instructional setting's perceptions were obtained through the incident report or comparable communication with the parents/guardians. The crisis reports typically incorporate the following: antecedent, interventions used, what triggered the use of the intervention, strategies (noted successful or not), and what intervention changes should be made for this student. Parents provided the researcher a copy of this document. If an incident report was not completed, informal accounts of the crisis event and intervention were accepted. Acceptable documentation included emails from school personnel, behavioral contract notes, daily note home, and/or information obtained from a phone with school personnel.

**Protocol review procedures.** Protocol was reviewed through a document review of the student's IEP (or equivalent educational treatment plan), FBA/BIP, and/or crisis

plan. Specifically, these documents addressed what was supposed to occur during crisis intervention for the student and included the data that drove those decisions. While these documents are heavily influenced by staff and instructional setting procedures, they can depict student perceptions if the students were involved in the development of the BIP and crisis plan. Upon obtaining consent and assent the parent(s) provided a copy of the student's current IEP (or equivalent educational treatment plan), including their FBA/BIP, and a copy of their current crisis plan (if they had one).

### **Data Sources**

#### **Interviews**

Semi-structured interviews (Merriam & Tisdell, 2016) were used to guide the interview questions, to ensure the true essence of the participant's experience in the phenomenon was captured (van Manen, 1997). While the interviews were open-ended at times, specific data were required from all respondents (van Manen, 1997). See Appendix E.

The student interviews were conducted by the researcher. The interviews were guided by a list of questions about the crisis, but no requirements were set forth for using predetermined wording or order. Guiding questions and sought-after information were specific to the crisis event and linked to the research questions previously stated (see Appendix F). Student interviews aimed to answer, "Do you know why you were approached by your teacher/staff today?"; "What did you do that resulted in the teacher/staff providing intervention for you?"; "What interventions were used?"; "What were you thinking while the teacher/staff was talking with you?"; "How did you feel after

talking with your teacher/staff?"; and "Anything else you would like to share about your experience today?"

**Interview questions.** Interviews allowed the participants' voices to be heard (Creswell, 2013). When using interviews in phenomenology the researcher aims to uncover the essence of an individual's lived experience (Seidman, 2013). The researcher and the developed questions focused on the underlying meanings that events have for an individual, but only when the meanings guided actions and interpretations (Marshall & Rossman, 2015). Interviews were a part of answering each research question, and as Langdridge (2008) stated, the best way to understand the essence of a phenomenon is to listen to the stories of those who experienced it. Three sources of data aided in answering the research questions: student interviews (student perception), crisis reports (staff/facility perception), and the protocol set forth by the educational setting. The development of the questions was guided by the theoretical framework described in Chapter II (Grant & Osanloo, 2014). Interview questions were kept open-ended to ensure they were not leading and allowed the participants to tell the story in its truest form, more in the form of a conversation (Adams & van Manen, 2017). The questions were laid out to guide this semi-structured interview aligned with the overarching research questions (Appendix F).

**Alternative means for interviewing.** After meeting one of the participants in the research study, the researcher explored alternative means for retrieving information. The participant actively engaged in the picture exchange communication system (PECS), which was modified for the purpose of this study. The PECS is a picture system that was

developed for kids with social-communication deficits (Frost & Bondy, 1994). The PECS were used to support the participant during the interview and did not replace the verbal response opportunities.

**Students.** Students hold an important role in the research, as crisis theory highlights that the perception of the individual in crisis largely impacts how the resources provided will impact their state of crisis (Gilliland & James, 1997; Halpern, 1973; Lazarus, 1966; Parad, 1965). Open-ended questions were used; the participant's answers lead the interviewer to ask follow-up questions for elaboration and to ensure all information was gathered (Adams & van Manen, 2017). Questions were developed using the theoretical framework described in Chapter II and specifically aimed to retrieve understanding and disseminate the essence of the individual's perception of a crisis event. The questions addressed the affective and emotional components of this often-intense human experience (Merriam & Tisdell, 2016). Student interview questions addressed the individual's knowledge, feelings, and the perceived impact of crisis intervention strategies.

### **Incident Report**

When crisis intervention is used, those administering the intervention are required to inform the parents (CPI, 2014). Crisis reports are encouraged to incorporate the following: antecedent, interventions used, what triggered the use of the intervention, strategies (noted successful or not), and what intervention changes should be made for this student.

**Staff perception.** Staff held an additional role in this research as they were the ones who decided when and what crisis intervention to provide to the individual in crisis. Their account of the crisis event was obtained through the documentation they were required to complete following the use of crisis intervention—an incident report (or comparable documentation of incident). The review of those documents aimed to obtain an understanding of how the intervention(s) were selected, and how the staff member understood the individual in crisis to be interpreting the crisis and interventions provided.

### **Protocol Document Review**

Finding relevant data is the first step in conducting a document review to answer the research questions set forth (Merriam & Tisdell, 2016). After identifying that the IEP (or equivalent educational treatment plan), FBA/BIP, and/or crisis plan documentation could answer the research questions and help described the phenomenon being explored, document authenticity was assessed (Merriam & Tisdell, 2016). When determining the authenticity of the documents it was important to identify their origins and reasons for being written, and the author(s) and the contexts in which they were written.

Documents that explain the protocol for supporting an individual in crisis are the student's Individualized Education Plan (IEP), FBA/BIP, and/or their crisis plan. These documents are developed by the staff members, parents/guardians, and other support team members. These documents provided insight into how the individual was supposed to be supported during the crisis, and what things were taken into consideration when developing those support procedures. The specific research question these documents contributed to is, "How have staff members planned to respond to said crisis?" Findings

in these documents will not be limited to the predetermined research questions as seen in Appendix F but will contribute to the overall essence of the phenomenon studied. While a problem in using documentation in research has been noted by Merriam and Tisdell (2016), specifically determining their authenticity and accuracy, that was not the purpose of this research study. The purpose of this study was to understand the perceptions, whether right or wrong, in crisis intervention and specifically how those perceptions impacted the individual in crisis and the resources provided to them, and how they created or did not create a state of equilibrium. The data found in documents were used in the same manner as the data from interviews; the data provide descriptive information that furthers the understanding of the phenomenon being studied (Merriam & Tisdell, 2016).

### **Data Analysis**

Hermeneutic data analysis was used to identify predominant themes through the interviews by meaningfully organizing, interpreting, and presenting the information (Patterson & Williams, 2002). A multi-phase process of analysis was used for interviews (seven-phase), protocol (five-phase), and crisis reports (five-phase). The hermeneutic cycle was incorporated in the analyses through the examination of parts (idiographic interrelationships) and the whole phenomenon (nomothetic interrelationships). See Appendix G.

This multi-phase analysis follows the recommendations of Patterson and Williams (2002) and are presented below. The interviews went through two additional phases of analysis; transcription and units of reference, before proceeding to the final four phases.



The analysis of crisis reports began with assigning units of references to whole meaning units. Each set of data (interviews, protocol, and crisis reports) went through the final four phases—meaning units, thematic labeling, idiographic interrelationships, and nomothetic interrelationships. Following idiographic analyses, a nomothetic interrelationship analysis was conducted across each participant first, within each type of data (protocols, interviews, and crisis reports), and then across all participants and all data sources.

In hermeneutic phenomenology, the hermeneutic cycle which incorporates reading, reflective writing, and interpretation (Laverty, 2003) is suggested to be used. Reflective writing recounted the data being collected as more information was added to the dataset. Specifically, reflective writing occurred at each interrelationship analysis (idiographic and nomothetic); these occur after each participant level of analysis, each data source level of analysis, and the final nomothetic interrelationship analysis. Reflection is key in reviewing how the data are being gathered, by whom, in what context, and the general information being gathered. Reflexive writing provides thoughtful documentation of procedures followed and a means for changes to be made to data collection or analysis as warranted (Ahern, 1999). Thus, both reflective writing and reflexive documentation were incorporated throughout data analysis.

### **Analysis Phases**

All individual participant data sources (interviews, protocol documentation, and crisis reports) went through multiple phases of analyses to obtain the essence of the phenomenon parts, while using those parts to define an understanding of the phenomenon

as a whole. Interviews had an additional preparation phase for verbatim transcriptions as well as assignment of unit references. Crisis reports went through a modified stage of assigning units of reference, incorporating meaning units in the initial phase. Once data were prepared for analyses, meaning units were identified, and then those meaning units were assigned thematic labels. Interrelationships were identified within each participant's set of data (idiographic) and then across a participant's sets of data (nomothetic). Interrelationships were specific to the connection between student perception and teacher perception, student perception and the protocol, and teacher perception and the protocol.

**Phase I: Units of reference (interviews).** Units of reference are the smallest unit of text that can be assessed through a numbering system, used to locate specific units of text (Patterson & Williams, 2002). For the purpose of this study the following predetermined units of reference were used upon initial review of the interview transcriptions and crisis reports (see Table 1). Numerical identifiers were used to identify the source of the information provided: (1) student perception of crisis, (2) student perception of crisis intervention, (3) staff perception of crisis, and (4) staff perception of crisis intervention. Alphabetical identifiers were used for substance of the comments, derived from previous research in this area (see Table 1): (a) intent or reason, (b) suggested alternatives, (c) impact on students, and (d) contextual factors.

Table 1

## Units of Reference

Unit	Reference	Citation
1	Student perception of crisis	(e.g., Caplan, 1964; James, 2008)
2	Student perception of crisis intervention	(e.g., Caplan, 1964; James, 2008)
3	Staff perception of crisis	(e.g., Caplan, 1964; James, 2008)
4	Staff perception of crisis intervention	(e.g., Caplan, 1964; James, 2008)
a	Intent or reason	(Petti et al., 2001; Steckley & Kendrick, 2008; Duxbury & Whittington, 2005; Fish & Culshaw, 2005; Wynn, 2004)
b	Suggested alternatives	(Petti et al., 2001; Fish & Culshaw, 2005; Wynn, 2004)
c	Impact on students	(Chien et al., 2005; Fish & Culshaw, 2005; Wynn, 2004)
d	Contextual factors	(Petti et al., 2001)

**Phase II: Meaning units.** Next, the researcher identified and marked the meaning units. The meaning units are groups of sentences that contribute to the essence of the phenomenon as a whole. While much of the information can be derived from meaning units, many were not phenomenon specific; it was important for the researcher to maintain focus on the phenomenon at hand and the research questions to be answered (Altman & Rogoff, 1987). This phase of analysis served only as an identification process of the meanings within the sources of data. The researcher and an additional reviewer examined all transcripts and identified meaning units and discussed discrepancies as they arose.

**Phase III: Thematic labels.** The researcher began identifying themes within participants' data. This process was acknowledged as an interpretative process and eventually became nomothetic as it incorporated more than one data source as they accumulated. Multiple levels of analyses were conducted not strictly for interrater reliability but because hermeneutics highlights that there are multiple interpretations. The data were laid out for examination and treated as having equal weight (Moustakas, 1994) during the review for themes. The researcher and an additional reviewer reviewed all thematic labels, converged themes identified, and discussed discrepancies as they arose. Each reviewer assigned thematic labels by hand and notes were compared; interpretations were noted as interpretations differed as multiple perspectives were expected.

**Phase IV: Idiographic interrelationships.** Interrelationships among themes were identified and represented through visual representations as they were easier to adjust when adding new information (Patterson & Williams, 2002). The first level of identifying interrelationship was done on the individual level, referred to as idiographic analysis. This level of analysis is important as there are multiple perspectives of a phenomenon and each must be accurately represented before converging multiple perspectives. This level aimed to understand an individual's experience and the meaning they derived from that experience, regardless of whether it followed themes from other participants. Idiographic interrelationship analysis occurred within one participant's datasets—protocol, interview, and incident report. Lastly, a second layer of idiographic interrelationship analyses was completed by integrating the three data sources for that participant.

**Phase V: Nomothetic interrelationships.** The final phase was an interrelationship analysis across participants (nomothetic). This phase incorporated all data across all participants. The theme labels identified in Phase III were converged across participants within the data source (protocol, interview, and incident report) to identify interrelationship for protocols across participants, student perceptions (interviews) across participants, and staff perceptions (crisis reports) across participants. Lastly, the cumulative interrelationships across data sources but within participants were aggregated across all participants to identify any overall interrelationships identified through this study.

**Phase VI: Collapsing codes.** Once themes were identified within (idiographic) and across (nomothetic) participants, themes were collapsed into general themes (Patterson & Williams, 2002). Collapsed codes are generally three to five major findings or themes. Themes were first identified within each research question, as is discussed in Chapter IV. Each of those themes were grouped in overall themed categories for the dissemination and discussion of results in the subsequent chapters. Collapsed codes are discussed in Chapter V as collapsed themes.

### **Data to be Analyzed**

**Interview data analysis.** Students were interviewed after the occurrence of a crisis event that required crisis intervention. Students were interviewed regarding their perception of the crisis event and intervention; they were asked to reflect on how the interventions impacted them. Interviews were audio recorded and transcribed verbatim. The information then went through three phases of analysis before the final analyses of

identifying idiographic interrelationships, where the information was interrelated to the protocol documentation and the incident report for that participant; and nomothetic interrelationship analysis, where the information was interrelated across all participants' interview analyses.

**Protocol data analysis.** The student's current IEP (or equivalent educational treatment plan), FBA/BIP, and crisis plan (behavioral contracts) were reviewed to identify themes in the protocols set forth to support the student in the event of a crisis. The information then went through three phases of analysis before the final analyses: idiographic interrelationship analysis, where the information was interrelated to the interview and the incident report for that participant; and nomothetic interrelationship analysis, where the information was interrelated across all participants' protocol analyses.

**Incident report analysis.** The incident report on the crisis event and interventions, about which the student participants were interviewed, were reviewed to obtain the staff members' perception of the event and the interventions that they provided. By law facilities are required to inform parents when their child has been administered crisis intervention. Crisis reports often incorporate antecedent, interventions used, what triggered the use of the intervention, strategies (noted successful or not), and what intervention changes should be made for this student. After data collection, the information went through three phases of analysis before the final analyses: idiographic interrelationship analysis, where the information was interrelated to the interview and protocol documentation for that participant; and nomothetic interrelationship analysis, where the information was interrelated across all participants' incident report analyses.

### **Validation Strategies**

Reliability and validity in phenomenology, specifically hermeneutics, have been addressed through special attention to the rigor, trustworthiness, credibility, and authenticity of the research (Beck, 1993; Denzin & Lincoln, 2003; Hall & Stevens, 1991). Creswell (2013) suggests that researchers in qualitative research use accepted strategies to note their accuracy. These strategies are referred to as validation strategies. Within the hermeneutic phenomenology methodology followed in this research study the following validation strategies were implemented: triangulation, clarifying researcher bias, rich/thick descriptions, and external audits.

#### **Triangulation**

Within this study the phenomenon of crisis and crisis intervention was observed from the perception of the individual in crisis and the staff member's documented perception of the same event. Interviews, incident reports, and protocols were reviewed to understand the crisis and interventions provided from three forms of data. This study aimed to corroborate evidence from the three sources to bring attention and understanding to their perceptions (Creswell, 2013).

#### **Clarifying Researcher Bias**

Based on the origins of hermeneutics, specifically that personal opinions cannot be suspended (Heidegger, 1977), a focus on acknowledging personal beliefs and continuously reflecting on them was incorporated in this research (Laverty, 2003). The hermeneutic cycle (Laverty, 2003) provides multiple opportunities for interpretation, allowing patterns and themes to emerge while looking at the data collected as parts and as

a whole. Specific discussion and reflection of how these themes arise through interpretation of the data was critical (Koch, 1995). As previously discussed, this study completed bracketing using reflexive journaling (Ahern, 1999) at various points throughout the research process (Merriam & Tisdell, 2016). While reflexive journaling, member checking, and triangulation were used, it is argued that in phenomenology no predetermined procedures such as those can fulfill the demand for validating the study (van Manen, 2014). The validity must occur in the “appraisal of the originality of insights and the soundness of interpretive processes demonstrated in the study” (van Manen, 2014, p. 348). Thus, reflexive journaling extends beyond the purpose of bracketing and is further utilized in the hermeneutic cycle (Laverty, 2003).

### **Rich and Thick Descriptions**

The structure of this research incorporated three sources of data—student interviews, incident reports, and protocol documentation (Creswell, 2013). Additionally, these three sources provided perceptions from both the student and teacher involved in the crisis. The information gathered went through six phases of analyses (Patterson & Williams, 2002). Specifically, meaning units identified and used in the analyses provided descriptive accounts from interviews and the two sets of document reviews (Altman & Rogoff, 1987).

### **External Audits**

Van Manen (2014) notes that reliability addresses the “repeatability” of the study. He further argues that phenomena are very different in their results and repeating one study would be very different (van Manen, 2014). Strategies to strengthen reliability were



implemented, specifically, interrater reliability (Denzin & Lincoln, 1994) was attempted in the analysis phase of all considered data sources. Each data source (interview, protocol, and crisis reports) was reviewed, assigned units of references, dissected for meaning units, and put back together for themes by two reviewers independently. Once the individual sources were made, the reviewers discussed and calculated inter-rater reliability; any discrepancies were discussed until 100% agreement was achieved.

### **Quality**

The four quality criteria provided by van Manen (1997) for hermeneutic phenomenology—orientation, strength, richness, and depth—are addressed for reliability. Orientation refers to involvement of the researcher in the world of the experience or phenomenon, which can be found under the “Researcher Bracketing Statement” earlier in this chapter. Strength specifically refers to the persuasive nature of the text, additionally met through the hermeneutic cycle (Laverty, 2003). Richness is about the aesthetic quality of the text which presents the perceived meanings of the participants, further strengthened through reflexive journaling (Ahern, 1999). Lastly, depth is the ability to go beyond the subjective responses of the participants and represent their intentions, further saturated using the hermeneutic cycle (Laverty, 2003).

### **Ethical Considerations**

The current research project went through the full committee Institutional Review Board (IRB) process. Clear procedures were developed to protect the safety of the individuals in this study, physical safety, psychological safety, and confidentiality. The unique recruitment procedures were another line of protection; once participants

expressed interest in the study they were given the opportunity to contact the researcher and ask questions and meet with her before agreeing to have their child take part in the study. The researcher additionally met the students during the initial meeting to ensure they would be willing to talk with her after a crisis (assent). The participants and their parents were given notification of their rights, informed about the nature of the study and its objectives, confidentiality procedures, their role and the expectations for their participation, and contact information for both the researcher and the university IRB. Parents were asked to sign a consent form, following a request to the student to sign an assent form verifying that they were interested in participating in the research study. Copies were provided to the parent and they were reminded that they could withdrawal from the study at any time and that there was no obligation to participate. The IRB deemed the study as a minimal risk to the participants. Modified assent forms were created and used to ensure that the students understood what they were agreeing to and that they could accurately accept or decline the invitation to join the study. Confidentiality was of utmost importance; thus, the participants' names have been changed in the dissemination of this research, and their documentation is secured in an online secured forum with access only by the researcher and an additional university member listed on the IRB. Confidentiality forms were signed by the additional reviewer who participated in the inter-rater reliability efforts described.

### **Limitations**

As mentioned above, hermeneutics does not always coincide with the guidelines set forth in qualitative methodology. Some have even suggested that such efforts to

strengthen validity and reliability have the potential to weaken the hermeneutic cycle and research results (van Manen, 2014). While bracketing was attempted, it was impossible to completely bracket myself from the research I conducted (van Manen, 1997); a best effort of continuous reflexive journaling was done to identify biases that were present.

### **Summary**

This study utilized a hermeneutic phenomenological research design to explore the essence of crises and crisis intervention as perceived by students in crisis and the staff members providing crisis interventions in an instructional setting. This methodology incorporated semi-structured interviews as well as document reviews of protocols set forth for crisis interventions, and debriefing documentation to explore the understandings of the phenomenon. Multiple strategies were incorporated to strengthen the study while paying close attention to the purpose of the research set forth. Strategies included bracketing, hermeneutic cycling, and reflexive journaling. The data are presented in the subsequent chapter.

## **CHAPTER IV**

### **RESULTS**

The purpose of this study was to explore the phenomenon of crises and crisis intervention in the instructional setting through the perception of the student in crisis and the staff providing the crisis intervention. Crisis theory, specifically the ABC-X Family crisis model, rests on the understanding that individual perception largely defines a crisis as well as impacts the outcomes from the crisis intervention (Hill, 1949). Crises are understood through an individual's perception of an event and the resources provided to that individual (Aguilera & Messick, 1986; Caplan, 1964; James, 2008). When an event occurs and the resources for coping are balanced with the individual's perception of the event, a state of equilibrium has occurred and a crisis has been avoided (Aguilera & Messick, 1986; Caplan, 1964; James, 2008). Problems occur when an individual's normal coping mechanisms are no longer sufficient and they are unable to manage the situation (Caplan, 1964; James, 2008). When an individual perceives a situation to be difficult and it exceeds their resources and coping mechanisms, they are in a crisis (Caplan, 1964; James, 2008).

Using the hermeneutic phenomenological research methods (Heidegger, 1962; van Manen, 2002) the perceptions of two students and the staff who provided crisis intervention supports was explored. Data were collected when a crisis event occurred in the instructional setting, which triggered a phone call home. After parents received the

phone call from the school they contacted the researcher to set up an interview for that same day. Copies of the crisis and incident reports were provided at the time of the interview as well. Three sets of data were collected for each participant: (a) student interview, (b) protocol documentation, and (c) the crisis or incident report to answer the following research questions:

1. Research Question 1 (RQ1): How do students with behavioral concerns perceive the crisis intervention process?
2. Research Question 2 (RQ2): How do students with behavioral concerns perceive the crisis event?
3. Research Question 3 (RQ3): How do perceptions of the crisis event of students with behavioral concerns align or not align with staff members' perceptions of the same event?
4. Research Question 4 (RQ4): How do perceptions of the crisis intervention process of students with behavioral concerns align or not align with staff members' perceptions of the same event?
5. Research Question 5 (RQ5): How have staff members planned to respond to said crisis?

Interviews followed a semi-structured approach to obtain the essence of the crisis event (see Appendix F).

Hermeneutic data analysis was used to identify predominant themes through the interviews by meaningfully organizing, interpreting, and presenting the information (Patterson & Williams, 2002). A multi-phase process of analysis was used for interviews,

protocol, and crisis reports. As data were reviewed, units of references were assigned with the following predetermined codes from previous research in crisis intervention: (1) student perception of crisis, (2) student perception of crisis intervention, (3) staff perception of crisis, (4) staff perception of crisis intervention, (a) intent or reason, (b) suggested alternatives, (c) impact on students, and (d) contextual factors. Following units of reference and at times in combination with units of reference, meaning units were identified. The meaning units are groups of sentences that contribute to the essence of the phenomenon as a whole. The hermeneutic cycle was incorporated in the analyses through the examination of parts (idiographic interrelationships) and the whole phenomenon (nomothetic interrelationships).

This multi-phase analysis followed the recommendations of Patterson and Williams (2002) as shown in Table 2. The interviews for each participant were transcribed verbatim, then assigned units of reference, meaning units were then identified, thematic labels then emerged, and lastly interrelationships were identified within each participant (idiographic) and then across participants (nomothetic). The document review included crisis documentation and other communication efforts with the students' parents concerning the crisis event and interventions provided. The document review analysis began with a combination of units of reference and meaning units; meaning units were identified and then assigned units of reference, then the thematic labels were identified, lastly interrelationships within participants (idiographic) then across participants (nomothetic) were identified. Lastly, protocols were reviewed; these included FBA/BIPs, behavioral contracts, and any behavioral support plans being utilized

in the instructional setting. Meaning units were identified within each protocol documentation piece, then thematic labels were identified, and lastly interrelationships within (idiographic) then across participants (nomothetic) were identified.

Table 2

## Data Analysis

Participant 1		
Interview	Document Review	Protocol
1. Transcribe	1. Units of Reference + Meaning Units	1. Meaning Units
2. Units of Reference	2. Thematic Labels	2. Thematic Labels
3. Meaning Units		
4. Thematic Labels		
Idiographic Interrelationships Reflexivity		
Participant 2		
Interview	Document Review	Protocol
1. Transcribe	1. Units of Reference + Meaning Units	1. Meaning Units
2. Units of Reference	2. Thematic Labels	2. Thematic Labels
3. Meaning Units		
4. Thematic Labels		
Idiographic Interrelationships Nomothetic Interrelationships		

Themes within each research question will be presented to identify meaning in the phenomenon as perceived by each participant and the documentation provided. Emerging themes were identified for each research question: (a) students identified emotions that preceded their behaviors, (b) potential student adoption of staff perception, (c) students interpreting staff intent during crisis intervention, (d) student provides input on suggested alternatives for future crises, (e) emotion present during student perceptions and not during staff perceptions, and (f) context present during staff perceptions and not during

student perceptions (see Table 3). These emerging themes will be described in more detail with the research question from which they emerged. Themes were identified by their significance and the percentage of the crisis they were noted within the three sets of data.

Table 3

Emerging Themes—Idiographic and Nomothetic

Theme	Sammy	Benji
(a) students identified emotions that preceded their behaviors	100% (3/3)	100% (4/4)
(b) potential student adoption of staff perception	0% (0/3)	25% (1/4)
(c) students interpreting staff intent during crisis intervention	100% (3/3)	100% (4/4)
(d) student provides input on suggested alternatives for future crises	6 units of ref.	5 units of ref.
(e) emotion present during student perceptions and not during staff perceptions	100% (3/3)	100% (4/4)
(f) context present during staff perceptions and not during student perceptions	67% (2/3)	50% (2/4)
(g) discrepancies in reported actions of the student	33% (1/3)	25% (1/4)

Theme (a) students identified emotions that preceded their behaviors, 100% percent of the time, meaning the participants identified the emotions they had before their behavior every time. Theme (b) potential student adoption of staff perception, occurred 25% of the time for only one participant, meaning in one of the four behaviors Benji took on the staff's perception of his behavior. Theme (c) students interpreting staff intent during crisis intervention occurred 100% of the time in the interviews. Theme (d) student



provides input on suggested alternatives for future crises, a total of 11 times (5 units of reference for Sammy, and 6 units of reference for Benji). Theme (e) emotion present during student perceptions and not during staff perceptions occurred 67% of the time for Sammy and 50% of the time for Benji. Lastly, theme (f) context present during staff perceptions and not during student perceptions occurred 33% of the time for Sammy and 25% of the time for Benji.

In this chapter, data from the two participants will be disseminated. First, a description of the recruitment efforts and social validity implications will be presented. Then a description of the participants and their instructional settings will be provided. Reliability measures will then be reported. Subsequently, the data will be presented as it aligns with the study research questions.

### **Recruitment**

While the proposed research was effortlessly shared through public recruitment, initial efforts were troublesome. Initially recruitment was attempted through public school systems, which was rejected. Following the rejection from the public schools, private behavioral support facilities which provide educational supports were targeted. One facility supported the research, lined up potential participants and then were told by the crisis intervention program they use that they were not allowed to participate in the research. Another facility agreed to the research terms but did not want the language “physical restraint” to be used around their parents. The researcher would not agree to these terms, for fear of misleading parents. While this is a highly protected population,

the efforts did not cease there. Participants were recruited through parents/guardians via the aforementioned public recruitment efforts.

Participants were obtained through a public recruitment effort, allowing opportunities for others to share the research flyer which was initially posted on a public Facebook page. The reported shares from public organizations and additional comments contributed to the overall social validity. A total of ten organizations shared the flyer on their public Facebook page: Family Support Network/HOPE; LCI, Inc.; Coastal BUDS of Southeastern NC; High Country First in Families; Family Support Network of Southeastern NC; Innovative Approaches of Bladen & Columbus Co.; FSN Southeastern; LoganNoah Foundation; Disability Rights North Carolina; and ECAC North Carolina's Parent Center. The Disability Rights North Carolina shared the flyer to their Facebook page, stating,

A research opportunity for students who have behavioral concerns and have behavior crisis intervention supports in instructional settings.

The ECAC North Carolina's Parent Center shared the flyer to their Facebook page, stating,

Here's a unique research opportunity . . . for North Carolina families who have a child with behavioral concerns and crisis intervention supports in the instructional setting . . . Although your family might not benefit from the results of the study, your participation will certainly help the greater special education community, including future generations of students and special educators.

Individuals additionally shared the public flyer on their personal social media platforms. Four parents reached out in interest to participate in the research study. One

parent misread the initial flyer and did not feel that her child would qualify. The remaining three potential participants met all criteria set forth. Amid obtaining permission for the research study, one of the three remaining candidates pulled her child out of their school and was no longer interested in being in the research at that time. The remaining two participants completed all requirements of the study and received \$20 gift cards to Barnes and Noble. For the purpose of this study the participants' names have been changed to conceal their identity.

### **Participants and Settings**

This study aimed to discover, understand, and gain insight into a specific phenomenon, a behavioral crisis; therefore, selection of participants was made from a sample in which the most information could be derived (Kafle, 2011). This study incorporated the use of purposive sampling (Chein, 1981; Patton, 2015) from a unique sample (Merriam & Tisdell, 2016). The participants in this study are from two different schools in the Eastern part of the United States. The participants are both six years of age and currently enrolled in public school, and in kindergarten. The participants in this study varied in their expressive ability, which led to alternative means being offered for one. Each individual student is described below, specifically the measures and capacities at which their schools are currently supporting their behavioral needs in the instructional setting.

#### **Sammy**

Sammy is a kindergartner who has Down syndrome and has a current IEP with behavioral components in the form of an FBA/BIP. He is six years of age and is actively

engaged in his assigned public school in an Eastern United States school system. Sammy receives special education services 1,225 minutes per week in the general education setting and 150 minutes per week in the special education setting. Sammy receives the following related services: speech language, physical therapy, and occupational therapy. Sammy has a documented history of behavioral concerns in the instructional setting, noted within his IEP that include biting teachers, hitting teachers, pinching peers, throwing objects, kicking teachers, stabbing peers with sharp objects, and running out of the classroom and lunchroom. Within the IEP the noted function of behavior is, “When Sammy is in the general education class and there is a demand/request. Sammy typically responds by yelling, shouting NO, moaning to gain avoidance of an activity or task.” Sammy’s verbal skills are below average and his communication efforts are supported through the use of sign language, story boards, and additional verbal and nonverbal cues.

### **Benji**

Benji is a Kindergartner currently going through the referral process due to behavioral concerns that impede his learning. Benji is six years of age. Benji has a current behavioral contract that incorporates data collection for the FBA process. Additionally, Benji is an English-speaking student in a Spanish immersion school within the public-school system in an Eastern United States school system. A Spanish immersion program is defined as a method of teaching that is conducted only in Spanish; students additionally speak in Spanish in the classroom setting. Benji has experienced behavioral concerns since beginning kindergarten, including transitions from one task to the next and receiving directives from staff and other adults in the school setting.

Additional concern arose in an after-school program that Benji is no longer allowed to attend due to behavioral concerns.

### **Student Perception**

Student perceptions are needed to understand their behavior, the behavior which requires the crisis intervention resources provided by a different individual motivated by their own perceptions (Gilliland & James, 1997; Halpern, 1973; Lazarus, 1966; Parad, 1965). A summary of the students' perceptions is presented below; further details of their accounts are provided in the presentation of themes under each research question.

Perceptions were gathered through interviews with the researcher. Interviews were audio recorded and transcribed verbatim. One participant (Sammy) used alternative means (story board, picture exchange system) during the interview to assist in the interview process.

#### **Sammy**

Sammy used a picture exchange system during the interview to assist in his description of the crisis and the interventions provided (see Appendix I). He noted after becoming upset because he was asked to go inside, his teachers yelled at him. Sammy's mother was present during the interview and noted that they are not allowed to touch him unless he is endangering himself or others. Sammy noted that he was angry when asked to come inside, so he spit. His teachers then yelled at him which mad him sad, so he laid on the floor.

Strategies to achieve a higher-level reliability was incorporated in the hermeneutic cycles and multiple reviews of information obtained (Creswell, 2007). Opportunities of

reflexivity were practiced throughout the study within the hermeneutic cycle. After initially meeting with Sammy the researcher talked with his mother about the supports he uses in conversation. Sammy currently uses a picture exchanged communication system to support his communication in the classroom. Thus, the researcher created a story board to support Sammy as he told his story. While Sammy's expressive skills are below average, the premise of this study is to give a voice to an unheard population. Sammy's means of communication did not lessen the importance of his story, it just warranted a more creative means to retrieve that information.

### **Benji**

Benji started with a quick recall of the event. Benji maintained a chronological sequence of events and corrected the researcher as necessary when they repeated back what they heard him say. Benji started with an overall summary of the crisis event:

I started out good then (peer) hit me in the face first then I hit him in the face second. Then they sat us both in the timeout, and I kicked the teacher then punched the different person and that was mostly all that happened.

With further prompting, Benji's recollection of the event became more detailed. Benji noted a peer hit him and he hit him back. When asked to elaborate on the feelings, he noted he "felt fine" when he hit his friend back. He further noted the reason (friend) hit him was, ". . . for no reason, he just wanted to hit me in the face when he was fine and then I was fine and I just hit him in the face."

Based on Benji's account after directives to go to timeout were given he continued in the crisis cycle. Benji noted that he became angry when he was asked to go

to timeout, at which point he noted his teachers “were not even helping him.” Benji then kicked a teacher and punched a box because he was angry. He noted his teachers tried to help him to timeout and when he refused to go, “they were pulling me.” Benji noted that he did not like it when his teachers held him, because they “like to squeeze” and this made him angry. While being assisted to timeout Benji noted he “. . . kicked the teacher then punched the different person . . .” Once in timeout they sent another adult over to sit beside him at which point he punched her in the back. He noted the adult just sat there and would not let him talk. Benji noted they called his mom, and he talked to her on the phone and then he “felt fine.”

The following sections are structured under the research questions in numerical order. Each section will briefly discuss the research question and introduce the general themes identified within that research question. Following each brief introduction, the units of reference (see Table 4) will be discussed. Units of reference are the smallest unit of text that can be assessed through a numbering system, used to locate specific units of text (Patterson & Williams, 2002). For the purpose of this study the following predetermined units of reference were used.

Next, the identified meaning units will be discussed (see Tables 5 and 6). The meaning units are groups of sentences that contribute to the essence of the phenomenon as a whole. While much of the information can be derived from meaning units, many were not phenomenon specific; it was important for the researcher to maintain focus on the phenomenon at hand and the research questions to be answered (Altman & Rogoff, 1987). Lastly, the themes will be discussed in detail with excerpts from the interviews.

Table 4

## Frequency—Units of References

Units of Reference	Data Source	References
1: student perception of crisis	Sammy (interview)	7
	Sammy's School (document review)	-
	Benji (interview)	7
	Benji's School (document review)	-
2: student perception of crisis intervention	Sammy (interview)	5
	Sammy's School (document review)	-
	Benji (interview)	25
	Benji's School (document review)	-
3: teacher perception of crisis	Sammy (interview)	-
	Sammy's School (document review)	1
	Benji (interview)	-
	Benji's School (document review)	5
4: teacher perception of crisis intervention	Sammy (interview)	-
	Sammy's School (document review)	3
	Benji (interview)	-
	Benji's School (document review)	6
a: intent or reason	Sammy (interview)	2
	Sammy's School (document review)	0
	Benji (interview)	6
	Benji's School (document review)	0
b: suggested alternatives	Sammy (interview)	6
	Sammy's School (document review)	1
	Benji (interview)	5
	Benji's School (document review)	1
c: impact on students	Sammy (interview)	11
	Sammy's School (document review)	0
	Benji (interview)	19
	Benji's School (document review)	0
d: contextual factors	Sammy (interview)	6
	Sammy's School (document review)	2
	Benji (interview)	0
	Benji's School (document review)	1



Table 5

## Meaning Units—Sammy

Data Source	Unit of Reference	Meaning Unit
Interview	-	“If I were to ask them they always respond, and I usually do but when I have they, I always get the we followed everything in the BIP, they do not want to open themselves up.” –Mom
	-	“They used to use words but those were not effective.”- Mom
	3	“He began spitting and laying on ground, hitting and kicking”
Document Review	4	“Verbal directive, peer examples (going inside)”
	4	Response to type of physical restraint used: “none-verbal intervention ONLY”
	4	Response to what interventions were unsuccessful: “directives, peer modeling”
	b	“transition support to be considered”
	d	“Sammy did not want to come in after recess. He was playing in the dirt.”
	-	“Non-compliance-yelling “No”, moaning, flopping, rolling on the floor, running around the room or out of room.”
Protocol	-	“Follow a visual schedule, Follow a visual task list, Initiate tasks when prompted with a verbal or visual prompt, Sustain his attention and effort on a task 5 minutes with support, Acceptable verbal or visual redirection back task or area, Remain in designated areas to complete tasks.”
	-	Mild (behaviors include: yelling, moaning, noise making, shouting NO)- “1. Check in with H (Ask “what do you want?”) Repeat his response to confirm understanding and that you are listening. 2. Visual prompt/redirection to task. 3. Pair verbal (short and concrete) and visual prompt of reward. 4. Offer alternative task/setting, ask him to help complete a motor task, then return to original task expectations.”
	-	Moderate (behaviors include: flopping to the floor, rolling around): “1. visual prompt of task expectation and reward (First...Then). 2. Allow wait time to comply 30-60 seconds, no verbal interaction. 3. Distract verbally with motor task, once he complies with motor task, then present expectation. 4. Prompt to calm space in classroom, set timer 2 minutes. “
	-	Severe (behaviors include: running around room or out of classroom): “1. Verbally redirect to calm space using minimal language and/or adults will stand at doorway, if in calm space set time for 2 min. 2. Provide concrete one step direction (sit on floor). 3. Provide visual prompt of him doing a “helping task” to distract and gain compliance. 4. Once he is compliant, redirect him to the previous task that he abandoned.”
	-	“Crisis plan includes physical restraint”
	-	“Data will be collected daily on a behavior chart.” “Frequency and duration will be collected”

Table 6

## Meaning Units—Benji

Data Source	Unit of Reference	Meaning Unit
Interview	1a	So why did you hit your friend back? <i>So because he did that and I didn't know what to do.</i>
	2	<i>No they were no even helping me.</i>
	1d	<i>Because I was laying down and you know how some people lay down and move their feet (laid on belly, knees bent feet up in the air swinging up and down).</i>
	1c	<i>How I started acting made them make me stop playing.</i>
	2	<i>I wanted to tell them that I was going to quit being mean but they wouldn't let me.</i>
	2c	<i>No I don't like when they talk to me when I am upset</i>
Document Review	3	Incident Report- Antecedent: "Hitting friend, friend hitting too, at free time"
	3	<i>Daily Contract Form- Teacher noted difficulty with self-control and working in centers during Math Centers time (marked as a 1 which means "keep trying")</i>
	3	communication with mom, " <i>student</i> hit another boy and the boy hit him back"
	3	communication with mom, "he kicked Ms. S"
	3	communication with mom, "he hit Ms. Sh"
	4	Incident Report- interventions during incident: "verbal redirection, timeout/sent to"
	4	Incident Report- Why Intervention was needed; "called mom bc he hit/kicked his teachers"
	4	Incident Report- Physical Intervention: "Helped <i>student</i> to timeout, he refused to go"
	4	Incident Report- what strategies were unsuccessful: "verbal redirection, timeout"
	4	communication with mom, after hitting "they were both in trouble"
	4	communication with mom, "come pick him up"
	b	Incident Report- Intervention Changes: "TBD"
	d	<i>noted on "Daily Contract Form" incident occurred during math centers</i>
Protocol		"calming carpet"
		Self-regulation strategy- daily contract form, across all subjects throughout the day, three goals "Raise hand and wait on teacher, have self-control when I get mad (go to calming carpet), and work on centers and move easily to another center"
		"computer time at the end of the day" (daily reward if goals met)
		50% (28/54) compliance within the three goal areas

### **Research Question 1**

The first research question aimed to answer, “How do students with behavioral concerns perceive the crisis event?” Units of reference and meaning units were used to identify common themes both within and between participants. A common theme that arose as the participants were describing the crisis event during the interview was their ability and natural reaction to identify the emotions that preceded their behavior. An additional finding that is noteworthy from one participant (Benji) is his perception being seemingly adopted from the faculty member’s perception in initial conversation.

**Units of reference.** Within the units of reference for the interviews, unit one pertained to Research Question 1, specifically the student’s perception of the crisis. Across both participants’ interviews there were 14 units assigned as “unit one,” seven for Sammy and seven for Benji. A majority of their discussion on the crisis event additionally addressed the impact on them specifically (i.e., the emotions they felt;  $n=5$ ), and the intent or reason for their behavior ( $n=5$ ). Themes in the units of reference were largely around self-identified emotions (anger, sadness) that preceded the crisis events themselves.

**Meaning units.** Sammy’s meaning units were much different from Benji’s. While each are equally important, it is important to note the differences. Sammy’s were larger represented by interjections from his mother during the interview process and the provided documentation she gave the researcher, while Benji’s were direct quotes from his transcribed interview about the crisis event. Sammy’s meaning units strongly address the information sent home to parents, lacking detail and context. The implications this

has for students with limited verbal skills is noted in more detail in the implications portion of Chapter V. Benji's identified meaning units included comments around why he acted in the way he did, detail about his behavior, and what he wanted to do. These meaning units are discussed below in the identified themes for Research Question 1.

**Theme: (a) Students identified emotions that preceded their behavior.** Both participants noted the feelings and emotions that preceded their actions. They noted their antecedents and how those made them feel, and how they expressed those feelings. Each participant provided the emotion they felt before they exhibited the crisis behavior. Each of the incidents were explained as a reaction to an external factor, as described by the student.

***Sammy.*** Sammy explained through the story board and conversation that he felt angry when asked to come in from recess; because he was angry he spit on the ground. After he spit on the ground his teacher yelled at him at which point he felt sad, thus he laid on the floor. Sammy noted verbally that when his teacher yelled, "I cry, I sad."

***Benji.*** Benji expressed that the initial behavior (hitting peer, peer hitting him), was done in a neutral frame of reference. He stated they were both "fine" when they hit each other. When asked why Benji hit his friend, he noted that "he did that (hit) and I didn't know what to do." When they were sent to timeout he got angry and said that he "always gets angry when that happens." He said he showed them he was angry by "trying to keep myself from going to timeout." He became more upset as they "helped" him to timeout, because he ". . . never likes being holded." When he got to timeout he was "very angry" and then an adult came and sat next to him. As the adult sat next to him he was

informed he could not go play. Benji noted that this made him feel “sad,” at which point he punched her in the back. Additionally, Benji noted a frustration with not being allowed to talk in timeout: “I wanted to tell them that I was going to quit being mean but they wouldn’t let me.” Benji expressed a clear feeling of frustration and anger when people spoke to him when he is angry, but also expressed that not being allowed to talk made him angry as well.

While the emotions were not the same between participants, the presence of how they each felt was important enough for them each to express it in the interview. Both participants articulated a connection between what happened and how preceding events made them feel. While we know emotions drive behavior, it is important to note that two kindergartners have the ability to identify those emotions that precede crisis behaviors.

**Theme: (b) Potential student adoption of staff perception.** An interesting piece emerged as Benji explained what happened during his crisis. At the beginning of the interview he was quick to note he “hit a friend, kicked a teacher and punch another teacher.” He ran through the sequence effortlessly. As we discussed in more detail of what happened he began to question whether he kicked his teacher or not. Benji described kicking his teacher as, “I was laying down and you know how some people lay down and move their feet and I kicked her.” His description was accompanied by a demonstration of what it looked like. Benji laid on his belly, knees bent with his feet up swinging in the air up and down. While he did admit to making contact with the teacher with his foot, the intent and context of how it happened painted a different picture.

## Research Question 2

Research Question 2 aimed to answer, “How do students with behavioral concerns perceive the crisis intervention process?” Units of reference and meaning units were used to identify common themes both within and between participants. Two themes emerged as the participants discussed the interventions provided to them during their state of crisis. These themes include interpretation of the teacher’s intent and input on suggested alternatives for future crisis intervention efforts.

**Units of reference.** Unit two references were specifically identified for Research Question 2, which was addressed through student interviews as well. Units of references for students’ perceptions of the crisis intervention were more prevalent than the units of references for the crisis alone ( $n=30$ ). Sammy had five units of reference specific to the crisis intervention while Benji had 25 units of reference. Again, this unit of reference was largely accompanied by impact on the students ( $n=15$ ). Additional units included suggested alternatives—ways in which they wished their teachers had supported them or how they thought they could be better helped in the future ( $n=4$ ).

**Meaning units.** Similar to Research Question 1’s meaning units, the meaning units for Research Question 2 were represented differently for each participant. Benji’s were his accounts of the intervention as noted in the interview, while Sammy’s were largely interjections from his mother throughout the interview and additional information she provided from school communication. The meaning units were represented by the students’ interpretations of their teacher’s intent during crisis intervention and

suggestions for future crisis intervention efforts from the students who experienced the crisis.

**Theme: (c) Students interpreting staff intent during crisis intervention.** The review of literature in Chapter II noted that relationships in crisis intervention impacted the outcome (Chien et al., 2005; Fish & Culshaw, 2005; Mohr et al., 1998; Steckley & Kendrick, 2008), which was observed in a less direct way in the student interviews. In reviewing the notes from the transcriptions, a sense of students identifying their teacher's intent was noted. Benji specifically mentioned whether his teachers wanted to help him or not. Both noted an emotion that they interpreted from their teacher after the students' display of behavior.

**Sammy.** Sammy had a theme of noting what he interpreted as the teacher's feelings of the crisis event. Sammy noted how his actions made his teachers feel, and what they may have been feeling while giving intervention support. Again, Sammy was connecting actions with emotions, specifically noting that his teachers are sad when he yells, lays on the floor, and/or spit. He noted that when his teachers yell they are angry, displaying Sammy's ability to connect emotion to actions beyond himself.

**Benji.** Benji noted throughout his interview a frustration with his teachers, including not being able to talk to them, and their implementing intervention that makes him more upset (timeout and physical intervention). Benji noted the interventions that were put in place during the crisis, but when asked if his teacher were trying to help him he said, "No, they were not even helping me." Benji also described what timeout looked

like: “In the corner where you have to face the wall . . . you have to stand in timeout, for maybe 10 minutes.”

When trying to determine what helped him calm down, Benji did not mention any support from his teachers. He did mention having to talk with his mom on the phone. When asked, “what happened when they called your mom?” Benji responded, “I got in trouble. I lost a lot of privileges.” He added that he talked to his mom about the things he had done: “I told her about all that stuff I did . . . I was starting to feel fine.” Benji noted that he calmed down on his own, that it was not due to anything his teachers did: “I just calmed down on my own, I just can make myself do it. When I am in trouble I always try to calm down like that. My body just does it to myself.”

**Theme: (d) Students provided input on suggested alternatives for future crises.** Each of the participants noted what they wished their teachers would have done to support them in the crisis moment. Both expressed a need to be left alone or not talked to.

**Sammy.** Sammy used his picture exchange system to note that he likes to be left alone when he is upset.

**Benji.** Benji went into more detail on his needs in a moment of crisis; he too noted a desire to be left alone and not talked to when he is upset. Benji went on to note that “I don’t like when they talk to me when I am upset.” Through further conversation Benji noted that he wanted to talk to his teachers to explain what had happened and what he was going to do. Benji noted that he “started to feel fine” when given the opportunity to talk to his mom on the phone. When Benji talked to his mom on the phone, she asked him to tell her what happened. Benji’s response to this, and his frustration in not being



able to talk to his teachers, insinuates a desire to discuss and share his perception of the incident at hand.

While Benji did not note debriefing as a suggested alternative, an interesting change in behavior following the debriefing session with the research was observed in the school and communicated to his mother. Following the interview with Benji, a noted decrease in aggressive behaviors was noted. Benji's mother contacted the researcher 32 days after the crisis event and the interview. In that conversation, she noted Benji had another crisis event but that he had not had another incident since the interview. While this was not an intervention study the process of debriefing has been shown to decrease physical aggression (Petti et al., 2001). This finding has the potential to support the use of debriefing as an intervention for a much younger population. Petti and colleagues (2001) noted that their data "underscore the importance of systematic debriefing of critical seclusion and restraint incidents as a management and education tool" (p. 119). This research notes the importance of debriefing beyond implementation of physical intervention and the use of seclusion. Debriefing procedures seemingly provide a structure for digesting and interpreting a situation, which had the potential to impact future self-regulation efforts.

### **Equilibrium Models: Theory to Practice**

**Sammy.** Sammy used a variation of verbal communication and a picture exchange communication system within the storyboard created for the telling of his crisis event. Using the equilibrium model, a visual was made to display Sammy's crisis event (see Figure 1). Sammy initially refused to come in from being outside, at which point

Sammy's teacher provided a verbal directive. In response to that verbal directive Sammy spit on the ground, at which point another verbal directive was given. The second verbal directive was followed by Sammy laying on the floor, which triggered another verbal directive. Through Sammy's account he did not reach a state of equilibrium in these interactions.

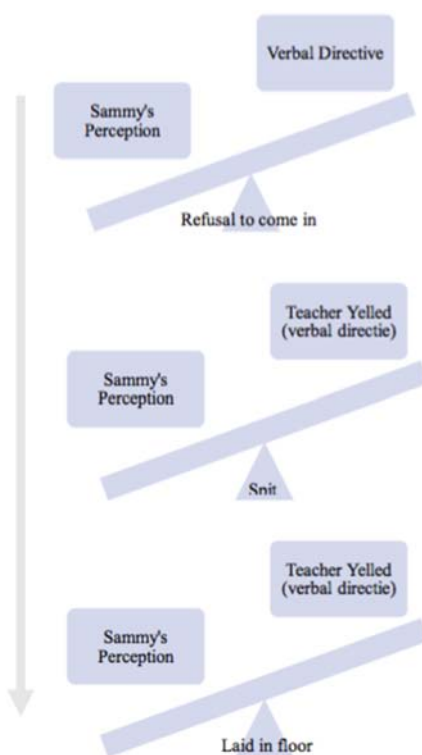


Figure 1. Sammy's Equilibrium Model.

**Benji.** Benji was able to articulate details that preceded and followed the events of the crisis continuum for which he completed the interview. Using the model of equilibrium, symbolizing the balance between the student perception and the resources provided, a visual and understanding of Benji's cycle is modeled and described (see Figure 2).

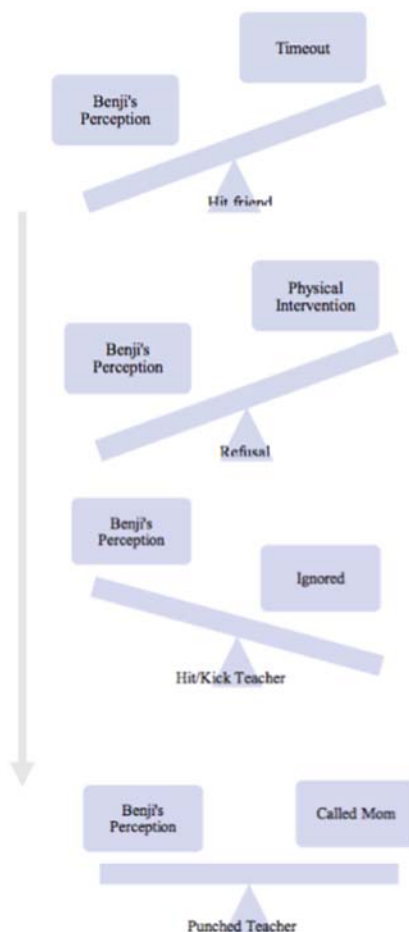


Figure 2. Benji's Equilibrium Model.

Initially, Benji hit a peer in a playful manner (his perception); then his teacher sent him to timeout (the resource). Benji did not appraise the situation as one that warranted the response it received. This imbalance served as the first trigger of the crisis continuum. Benji responded by refusing to go to timeout at which point he developed his own perception. This was again compared against the resources being provided (physical assistance to timeout). While Benji's perception of this stage is unclear, it is clear that by his actions that his perception and the resources provided did not create a state of equilibrium. Benji responded to this imbalance by hitting and kicking, at which point he

was ignored; again, while his perception is unclear, he responded by punching an additional teacher in the back. Lastly, Benji's mother was called at which point he talked to her about all that had occurred; this served as the balanced modeled at which the cycle of crises ceased.

The subsequent section retrieves information to understand the perception of the staff members and how the resources provided were determined. While the resources have already been identified, the staff's perception has the potential to identify the factors that impact their behavior (the selection of the resource).

### **Staff Perception**

Staff perception was obtained through the documentation sent home to the parents of each participant. It is important to note that this paperwork was not filled out with the intention of obtaining staff perception. The paperwork was filled out with the intention to document day-to-day protocol within the instructional setting. Previous studies have relied heavily on staff perceptions (Forthun et al., 2006, 2009; Ryan et al., 2007). While this research project provides a face for the individuals in crisis, the staff's perceptions are important, as they determine the resources that are being provided (Gilliland & James, 1997; Halpern, 1973; Lazarus, 1966; Parad, 1965) and must continue to be taken into consideration.

### **Sammy**

Sammy's teacher's account of Sammy's crisis event was brief but highlighted the inappropriate behaviors Sammy displayed that day. Sammy's teacher's account of the crisis event and interventions were retrieved through a daily behavior log, and incident

report. The teacher told Sammy to come inside from recess. Sammy then spit and was given another verbal redirection to come inside at which point he hit and kicked at his teacher. In reference to the intervention, Sammy's mother noted, "When I asked they always respond that they followed everything in BIP, they do not want to open themselves up."

### **Benji**

Benji's teacher's account of Benji's crisis event was obtained through a daily behavior log, incident report, and direct communication with Benji's mother. The teacher articulated that Benji hit a friend, the friend hit him back, and they were both sent to timeout. Benji then refused to go to timeout, at which point he kicked his teacher. Later in timeout he hit another teacher and then his mother was called. Neither the behavior log nor direct communication with Benji's mom noted the use of physical intervention, but the incident reported noted that the teachers "helped Benji to timeout" under the description of the physical intervention portion of the incident report.

### **Research Question 3**

Research Question 3 aimed to answer, "How do students with behavioral concerns' perception of the crisis event align or not align with staff member's perceptions of the same event?" Meaning units with units of reference were used to identify common themes both within and between participants. Two themes emerged around what was reported pertaining to the crisis event; the presence of student emotion in the student's description of the event and lack of emotion in the teacher's description of the same event. Additionally, teachers described the contexts of the crisis events in greater detail

than the students in their perception. Lastly, it was noted in both participants a discrepancy in the actions of the student in crisis.

**Meaning units with units of reference.** The documentation sent home was thoroughly reviewed and meaning units were identified and labeled with a unit of reference in an effort to identify themes within the context of the teacher's perceptions. Teacher perceptions were then compared to the themes found in the student's perceptions. In the meaning units for Research Question 3 the following themes emerged: impact on student emotion, and the context of crisis event and intervention.

**Theme: (e) Emotion present during student perceptions and not during staff perceptions.** Students reported the emotions that preceded the events and how they drove their actions; teachers did not mention the emotions students were possibly feeling during the crisis event. Additionally, they did not document emotions that impacted their behavior. Sammy mentioned emotions in his interview, either verbally or through the picture exchange system a total of 11 times while the school report and communication efforts had no mention of the student's emotion during the crisis. Benji reported emotion in his interview a total of 19 times. He noted an emotion before each action that took place. The communication from Benji's school (written or verbal) did not address the emotions that were driving the behavior.

**Theme: (f) Context present during staff perceptions and not during student perceptions.** Each teacher report noted the context of the situation; including the location of the crisis event and who was involved. Sammy and Benji did not note where the events happened without prompting. Sammy did not mention specific individuals in his account

of the situation, while Benji noted only the individuals toward whom he displayed his physical aggression.

**Theme: (g) Discrepancies in reported actions of the student.** While discrepancies were not noted in the studies reviewed in Chapter II of this research, it was present and is noted within the results of this current research. Comparing the two reports of the crisis events and interventions shows the different reports and potentially the different perceptions of the events.

**Sammy.** Sammy noted that he spat on the ground and laid on the floor; while the staff report noted those items, the report additionally noted that Sammy had hit and kicked his teachers: “He began spitting and laying on the ground, hitting and kicking.” Sammy did not verbally express or visually show (through his storyboard) that he exhibited any form of physical aggression towards anyone.

**Benji.** Benji’s report of the event was overall the same as the teacher report; the details that help in understanding the whole event were not. Benji was specific in his account of the hitting between he and a peer; the peer hit him and Benji hit him back. The school report and the conversations with Benji’s mother noted that Benji hit his friend first. Benji’s school also reported that he kicked his teacher, which Benji initially noted he did as well. Upon further discussion of what the kicking looked like, Benji described it as laying in the floor, swinging his feet and accidentally making contact with the teacher. While he admitted to making contact with his teacher with his foot, this discrepancy in details highlights the importance of detailed communication.

## **Incident Reports**

### **Sammy**

The incident report provided by Sammy's school noted he spat, laid on the floor, and hit and kicked during his crisis. They noted the following within the context of the crisis intervention support provided: "Verbal directive, peer examples (going inside). Verbal intervention ONLY." Additionally, the incident report noted that "transition support to be considered." The incident report did not provide much detail on the crisis event. Additionally, the mother expressed frustration that the school only responds that they "followed the BIP" and would not provide more details. The use of verbal directives does not match the BIP. It is specifically noted in the following section of Sammy's FBA that verbal directives "do not work" and visual cues should be used instead. An additional parent communication log was sent home describing Sammy's day:

Sammy struggled to sit and stay in his area during carpet time! Sammy did not want to come in after recess. He was playing in the dirt. Sammy refused to participate with his morning work – Daily 5. He continued to roll on the floor. Threw all the glue sticks and chewed on the felt eraser for the dry erase boards! He was spitting on the floor! Sammy was purposely coughing on others and laughing. Refused reading with teacher.

While the communication log had much information, it was not presented in a chronological order and lacked details that would support a deeper understanding of the crisis. The lack of detail and structure in the reports received from Sammy's school made it difficult to align perceptions and understand the perception of the teachers. This is important to note as it demonstrates the information going home, the information that parents use to talk with their children, and the information that may be taken to outside



support agencies to problem solve and plan ahead. It is important to note the difference in recall of events between Sammy's account and Sammy's school's account (see Figure 3).

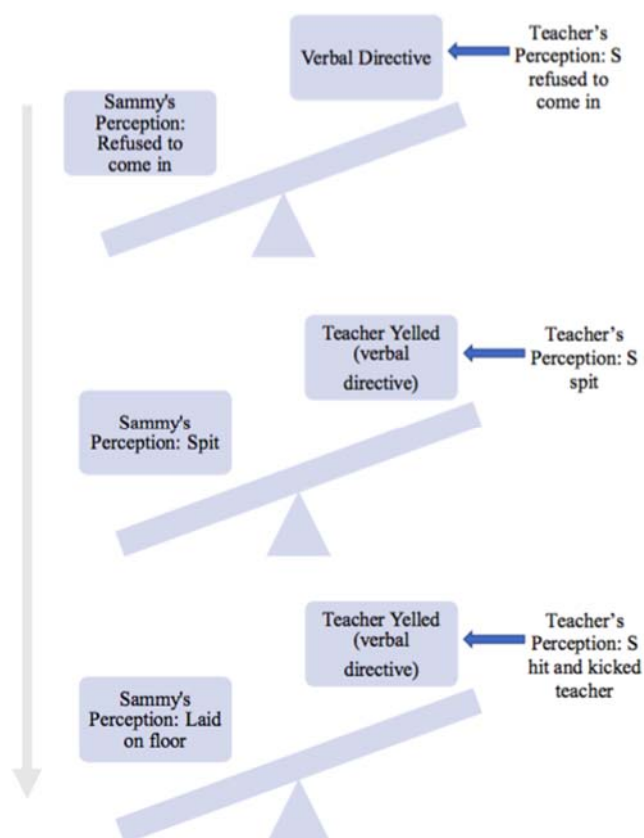


Figure 3. Sammy and Staff's Equilibrium Models Compared.

## Benji

Benji's school provided an incident report, behavior contract form, and made a phone call to Benji's mother explaining what happened. In the incident report Benji's school noted that the antecedent was "hitting friend, friend hitting too, at free time," which was articulated in the same manner when Benji's mother spoke with the school on the phone. The documented interventions were "verbal redirection, timeout/sent to." The

incident report also noted that changes to the intervention were “TBD.” The incident report noted under physical intervention that they “helped Benji to timeout, he refused to go.” The report noted that the interventions (verbal redirection and timeout) were not successful. Benji’s mother noted that when she spoke with the school on the phone she was told to come pick him up; this was not documented in any of the paperwork provided to the researcher.

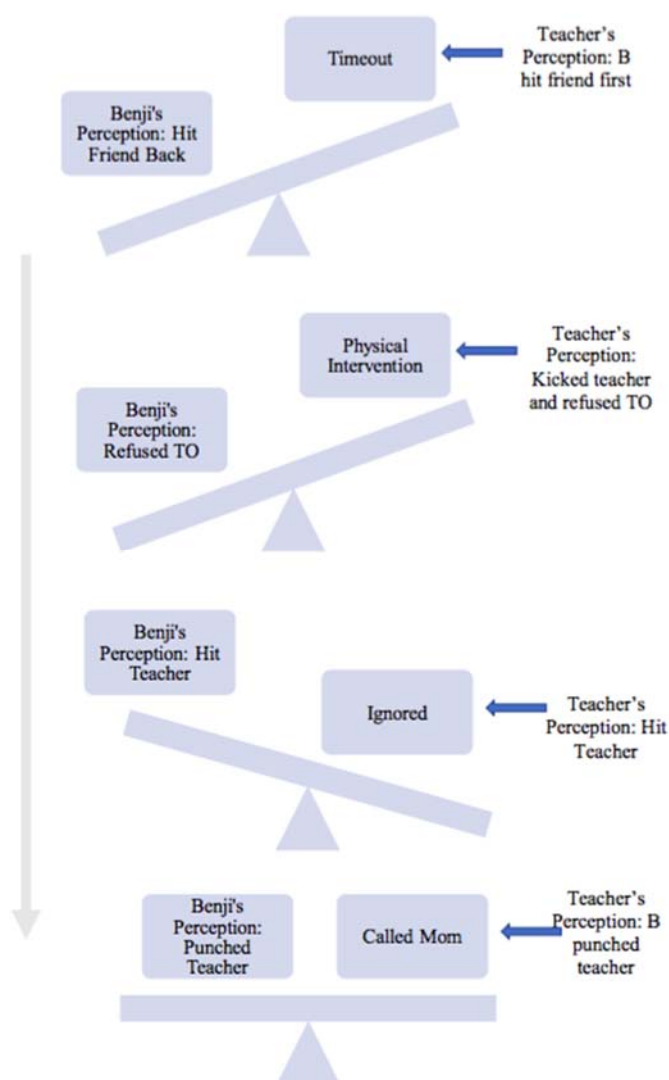


Figure 4. Benji and Staff's Equilibrium Models Compared.

**Research Question 4**

Research Question 4 aimed to answer, “How do perceptions of students with behavioral concerns of the crisis intervention process align or not align with staff member’s perceptions of the same event?” Units of reference and meaning units were used to identify common themes both within and between participants. One common theme was in the amount of detail provided by the student compared to the detail provided by the teacher. Each student participant provided more detail on the actions of the teacher, while the teachers put more detail in the actions of the student. In general, this was an area (crisis intervention) containing little information from both the student and the school.

**Meaning units with units of reference.** Sammy described the crisis intervention as yelling, while his teacher noted that they gave him verbal directives and peer modeling. The incident reports and documentation sent home had limited information on what verbal directives were given and what the peer modeling entailed. Sammy did not mention peers at all during his interview, making it difficult to pinpoint when peer modeling was attempted.

Benji’s overall description of the crisis and crisis intervention sequentially and broadly matched that of the documentation provided to his mother. The details and reasoning for the interventions were where misalignments occurred. Benji frequently noted his teachers were not trying to help him; additionally, he noted they used physical intervention in all accounts of his perception of the intervention, while the school’s

documentation only mentioned it in one of the three communication methods with Benji's mother.

### **Research Question 5**

Research Question 5 aimed to answer, "How have staff members planned to respond to said crisis?" Units of reference and meaning units were used to identify common themes both within and between participants. Sammy had a formal FBA/BIP as he has already qualified and is currently receiving special education services. Benji is in the referral process and while they are collecting data for his FBA; he currently has a behavioral contract.

**Meaning units with units of reference.** Sammy has a current FBA/BIP that is being implemented in the school setting. Sammy's plan identifies the following as the target behavior: "Non-compliance, yelling 'No,' moaning, flopping, rolling on the floor, running around the room or out of the room." Furthermore, the plan noted the following for the desired behavior:

Follow a visual schedule, follow a visual task list, initiate tasks when prompted with a verbal or visual prompt, sustain his attention and effort on a task 5 minutes with support, acceptable verbal or visual redirection back to task or area, remain in designated areas to complete tasks.

Sammy's crisis plan is divided into three behavior categories; mild (behaviors include yelling, moaning, noise making, shouting NO), moderate (behaviors include flopping to the floor, rolling around), and severe (behaviors include running around or out of classroom). Procedures for mild behavior are as follows:

1. Check in with Sammy (Ask “What do you want?”) Repeat his response to confirm understanding and that you are listening.
2. Visual prompt/redirection to task.
3. Pair verbal (short and concrete) and visual prompt of reward.
4. Offer alternative task/setting, ask him to help complete a motor task, then return to original task expectations.

Procedures for moderate behaviors are as follows:

1. Visual prompt of task expectation and reward (First...Then).
2. Allow wait time to comply 30-60 seconds, no verbal interaction.
3. Distract verbally with motor task, once he complies with motor task, then present expectation.
4. Prompt to calm space in classroom, set timer 2 minutes.

Lastly, procedures for severe behaviors are as follows:

1. Verbally redirect to calm space using minimal language and/or adults will stand at doorway, if in calm space set time for 2 min.
2. Provide concrete one step direction (sit on floor).
3. Provide visual prompt of him doing a “helping task” to distract and gain compliance.
4. Once he is compliant, redirect him to the previous task that he abandoned.

Additionally, Sammy’s crisis plan did note that physical restraint was included if he posed a danger to himself or others. The BIP noted that data would continue to be collected on a daily behavior chart, with both frequency and duration being noted.

Benji’s behavioral plans of support were through behavioral contracts and data collection set forth for the FBA within the referral process. The only intervention that was noted was the “calming carpet.” Additionally, on the behavioral contract self-regulation strategies were noted as, “. . . daily contract form, across all subjects throughout the day, three goals; raise hand and wait on teacher, have self-control when I

get mad (go to calming carpet), and work on centers and move easily to another center.”

Benji’s behavioral contract also incorporated the use of positive reinforcement contingent on his daily progress towards goals: “. . . computer time at the end of the day (daily reward if goals met). Expectation set at 50% (28/54) compliance within the three goal areas.” Procedures for responses of physical aggression were not noted; furthermore, the terms physical restraint were not in any of the behavioral contracts or document plans.

### **Outcomes of Interrater Reliability**

Hermeneutics highlights that there are multiple perceptions and this research incorporated the perceptions of both the student and teacher in a crisis event.

Additionally, analyses utilized two reviewers for the interviews, incident reports, and protocol documentation (Laverty, 2003). Each reviewer individually examined the interviews and assigned units of reference described in Chapter III. After individual review of the interviews the two reviewers discussed the codes they assigned; in the initial review, the reviewers were at 97.9% agreement. After discussion, the reviewers reached 100% agreement and assigned a total of 37 units of reference to Sammy’s interview and 62 units of reference to Benji’s interview. Additionally, the reviewers assigned two meaning units to Sammy’s interview and six meaning units to Benji’s interview.

Next, each of the reviewers went through and assigned meaning units to specific units of references found within the incident report documents. After individual review 85% agreement was achieved; after discussion, the reviewers achieved 100% agreement on all 20 meaning units and their assigned unit of reference. Lastly, each reviewer went

through each participant's protocol documents including BIPs and behavioral contracts and identified meaning units. After individual review 100% agreement was met in identifying meaning units for each participant. Sammy's paperwork was much more thorough and concluded with seven identified meaning units while Benji resulted in four meaning units. The two reviewers and a systematic review of the three data sources increased the reliability of this study (Creswell, 2007).

### **Summary**

This study examined the untold stories of students who experience crisis in the instructional setting, and potential adding an additional lens with which to understand the crisis continuum. The perceptions of a general silenced population were asked firsthand what they experienced in moments of crisis, and how they were supported in the instructional setting. Crisis theory provides us with an equilibrium model around which this research was structured (Caplan, 1964; James, 2008). The interviews and document reviews served to tell a story—a story of a student's internal and external struggles in a setting where they spend a majority of their time. Themes were identified as (a) students identified emotions that preceded their behaviors, (b) potential student adoption of staff perception, (c) students interpreting staff intent during crisis intervention, (d) student provides input on suggested alternatives for future crises, (e) emotion present during student perceptions and not present during staff perceptions, and (f) context present during staff perceptions and not present during student perceptions (see Table 3). The themes will be collapsed into broader themes (Patterson & Williams, 2002) in Chapter V. Themes (a) students identified emotions that preceded their behavior, (c) students

interpreting staff intent during crisis intervention, and (e) emotion present during student perceptions and not during staff perceptions have been collapsed into one theme titled “emotional components.” Themes (b) potential student adoption of staff perception, (f) context present during staff perceptions and not during student perceptions, and (g) discrepancies in reported actions of the student have been collapsed into “authenticity of perceptions.” Lastly, theme (d) students provided input on suggested alternatives for future crises, and the additional finding, a decrease in aggressive behavior with debriefing, have been collapsed into “post crisis intervention.”

The participants in this study were young in comparison to participants in other crisis intervention studies. Two kindergartners were able to identify emotions that preceded and seemingly impacted their behaviors in a moment of crisis; they were able to note the emotions felt in response to the interventions provided. Interestingly, one of the participants (Benji) seemingly adopted the perception of his teacher; initially, he effortlessly listed the actions as his teacher did in their report. Upon further conversation and providing more detail, Benji began to question if he had done all those actions in the manner in which they were reported. Additionally, both participants attempted to interpret their teacher’s emotions during the crisis event and provided suggested alternatives for future support efforts. Students incorporated emotions in their reports of the incidents while teachers did not, and teachers incorporated more detail surrounding the contexts of the crisis.

The interviews provided detail on the student’s perceptions; they were conducted in a manner in which the focus was solely on the student and their perception of the day’s



events. At the time of interview parents provided a copy of the incident reports and other communication documentation concerning the crisis and crisis intervention. The incident reports were interesting as they were not completed for the purpose of the research but rather for the school documentation purposes; upon review, they contained limited amounts of information concerning the crisis or crisis intervention. Lastly, the protocol set forth for the students' behavioral needs, specifically in moments of crisis, were interesting and varied from one another greatly. Some of the protocols contradicted the actions that took place. These and all additional results are discussed in Chapter V, including implications for practice and future research.

## **CHAPTER V**

### **DISCUSSION**

#### **Summary of the Study**

##### **Overview of the Problem**

Crisis intervention in the school setting has undeniably become more prevalent (Couvillon et al., 2010). Students with emotional and behavioral disorders are often identified as needing supports in this area, including crisis intervention plans and behavioral intervention plans (Ryan et al., 2009). Even when plans are put in place, they are not always guaranteed to be the safest for all involved. Ryan and colleagues' (2009) piece noted the concern arising in the safety of crisis intervention efforts implemented in the instructional setting. The Child Welfare League of America (2011) reported that advocacy agencies estimated eight to ten individuals die each year due to restraint. While crisis intervention research is thorough in identifying student outcomes, an understanding on the crisis development process as it aligns with crisis intervention is less developed.

Crisis theory is further developed in counselor education, and often pertains to individual or family crisis situations and not behavioral crises specifically. Crises are a result of an individual's perception of an event and the resources provided to that individual (Aguilera & Messick, 1986; Caplan, 1964; James, 2008). When an event occurs and the resources for coping with that event are balanced with the individual's perception of the event, a state of equilibrium has occurred and a crisis has been avoided

or ceased (Aguilera & Messick, 1986; Caplan, 1964; James, 2008). Problems occur when an individual's normal coping mechanisms are no longer sufficient and they are unable to manage the situation (Caplan, 1964; James, 2008). When an individual perceives a situation to be difficult and it exceeds their resources and coping mechanisms, they are in a crisis (Caplan, 1964; James, 2008).

Research has included the perceptions of staff members (e.g., Forthun et al., 2006; Tierney et al., 2007) and the measurable outcomes (e.g., Dawson, 2003; Grskovic & Goetze, 2005) of these students, but limited research has been conducted on the perception of the students experiencing the crises at hand. Crisis theory has developed over the years to highlight the importance of one's perception of a crisis event, especially as it pertains to the resources provided to that individual in their time of need (Aguilera & Messick, 1986; Caplan, 1964; James, 2008).

### **Overview of the Purpose**

The purpose of this study was to explore the perception of behavioral crises in the instructional setting, specifically the resources that were provided during the crisis, the student perception of the crisis, and whether the two created a state of equilibrium. Additionally, the study aimed to obtain the perceptions of students in crisis and those who implemented the intervention during the same crisis. This research did not implement any form of an intervention but rather obtained the perceptions within an already intact intervention program. The research questions are:

1. Research Question 1 (RQ1): How do students with behavioral concerns perceive the crisis event?

2. Research Question 2 (RQ2): How do students with behavioral concerns perceive the crisis intervention process?
3. Research Question 3 (RQ3): How do perceptions of the crisis event of students with behavioral concerns align or not align with staff members' perceptions of the same event?
4. Research Question 4 (RQ4): How do perceptions of the crisis intervention process of students with behavioral concerns align or not align with staff members' perceptions of the same event?
5. Research Question 5 (RQ5): How have staff members planned to respond to said crisis?

### **Hermeneutic Phenomenology**

A hermeneutic phenomenological approach was used to understand the phenomenon of the participants' crisis events. Hermeneutic phenomenology provides a framework for interpreting a phenomenon, with special attention to the context and purpose (Palmer, 1969). This played an important role in this research as context and purpose became seemingly important as we began to delve into the meaning of each crisis event through the perception of the student. Triangulation was completed through procedural documentation, the plans set forth to support the student when in a state of crisis; student (individual in crisis) interviews; and staff/school perception as obtained through crisis reports and incident reports. The essence of the phenomenon was examined through the perception of the student, the perception of the staff, and through a review of the protocols and documentation. Data were treated as having equal importance for this

research, referred to as horizontalization (Moustakas, 1994). Themes were identified through the use of the hermeneutic cycle (Laverty, 2003) and assigned units of reference and identifying meaning units (Patterson & Williams, 2002).

### **Data Collection**

Three sets of data were collected for reliability through triangulation (Merriam & Tisdell, 2016); student interviews, crisis reports (completed by instruction setting), and protocol documentation reviews (IEPs, FBA/BIPs, and/or crisis plans). These three datasets reflect the procedural protocols for crisis intervention, the information that drove those decisions, and the actual perception of the events from the student in crisis and the staff providing the intervention. The interview was conducted by the researcher who was not a part of the crisis intervention (Fish & Culshaw, 2005; Norman & Parker, 1990). The researcher had met with the student and their parent prior to the study to establish a form of rapport before the crisis occurred and before the interview was conducted.

Documentation was obtained following the interview to avoid loaded questioning in the interview. The interviews were conducted at a point in which the researcher did not have any additional information pertaining to the incident. This was done in an effort to strictly obtain the student's perception.

### **Data Analysis**

All individual participant data sources (interviews, protocol documentation, and crisis reports) went through multiple phases of analyses to obtain the essence of the phenomenon parts, while using those parts to define an understanding of the phenomenon as a whole. Interviews had an additional preparation phase for verbatim transcriptions as

well as assignment of unit references. Crisis reports went through a modified stage of assigning units of reference, incorporating meaning units in the initial phase. Once data were prepared for analyses meaning units were identified, and then those meaning units were assigned thematic labels. Interrelationships were identified within each participant's set of data (idiographic) and then across participants' sets of data (nomothetic).

Interrelationships were specific to the connection between student perception and teacher perception, student perception and the protocol, and the teacher perception and the protocol.

### **Study Results**

As mentioned in Chapter IV, the following themes were identified: (a) students identified emotions that preceded their behaviors, (b) potential student adoption of staff perception, (c) students interpreting staff intent during crisis intervention, (d) student provides input on suggested alternatives for future crises, (e) emotion present during student perceptions and not during staff perceptions, and (f) context present during staff perceptions and not during student perceptions. Additionally, the findings from this research fit the theory of equilibrium in crisis intervention. When students' emotions were not supported in an equally perceived manner as appraised by themselves, crisis behavior continued. It is important to note the equilibrium framework and models do not provide one size fits all solutions but rather a process for understanding—a guide to help identify the supports an individual may need in the reoccurrence of crisis situations. Using the equilibrium model to understand the participants' crises has highlighted the potential factors that impact each side of the balance.

### **Back to the Essence: Crisis in Equilibrium Model**

The equilibrium model functions under the assumption that people in crisis are in a state of psychological or emotional disequilibrium (Caplan, 1964; Gilliland & James, 1997). In crises, an individual's usual coping mechanisms and problem-solving methods no longer meet their needs (Gilliland & James, 1997). Aguilera and Messick (1986) identified three factors affecting equilibrium: perception of the event, available situational supports, and coping mechanisms. Under the equilibrium model, perception strongly impacts whether an individual experiences a crisis or not. Understanding Sammy and Benji's crisis events in the equilibrium model allowed the factors that impact each side of the scale (student's perception and resources provided) and questions what additional factors impact both to be highlighted.

#### **Sammy**

Sammy initially refused to come in from being outside, at which point Sammy's teacher provided a verbal directive. In response to that verbal directive Sammy spit on the ground, at which point another verbal directive was given. The second verbal directive was followed by Sammy laying in the floor, which triggered another verbal directive. Through Sammy's account he did not reach a state of equilibrium in these interactions (see Figure 2).

#### **Benji**

Benji hit a peer and then his teacher sent him to timeout. Benji did not appraise the situation as one that warranted the response it received; this imbalance served as the first trigger of the crisis continuum. Benji responded by refusing to go to timeout at

which point he was given physical assistance to timeout. Benji responded to this imbalance by hitting and kicking at which point he was ignored; again, while his perception is unclear he responded by punching an additional teacher in the back. Lastly, Benji's mother was called at which point he talked to her about all that had occurred. This served as the balanced modeled at which the cycle of crises concluded (see Figure 3).

Benji noted the emotions at each point in this crisis cycle that impacted his behavior (and assumingly his perception). Benji noted that he "felt fine" when he hit his peer and described the incident as a playful interaction. He felt angry when his teacher sent him to timeout and responded by kicking the teacher and punching boxes. He continued to feel angry when his teachers physically assisted him to time out, and sad as he was not allowed to talk. He responded by punching a teacher who was assigned to come sit with him. At this point Benji's teacher called his mother, whereupon he began to deescalate and "feel fine." As for the resources provided, Benji's school had developed procedures to address Benji's behavioral concerns, but none were identified in the documented incident. The resources (interventions) provided to Benji during his crisis were time out, verbal directives, physical intervention, and his mother being called.

### **Discussion of Findings as Related to the Literature**

Crisis intervention research directed the initial structure of this research, but as hermeneutics describes the research directed itself through the reflexive component in the hermeneutic cycle. Changes were made as necessary for the attainment of the essences of the crisis phenomenon. While a majority of themes identified are directly linked to the



research questions, those themes have been collapsed into three broader areas rather than the questions for which they were initially intended (Patterson & Williams, 2002).

Themes (a) students identified emotions that preceded their behavior, (c) students interpreting staff intent during crisis intervention, and (e) emotion present during student perceptions and not during staff perceptions have been collapsed into one theme titled “emotional components.” Themes (b) potential student adoption of staff perception, (f) context present during staff perceptions and not during student perceptions, and (g) discrepancies in reported actions of the student have been collapsed into “authenticity of perceptions.” Lastly, theme (d) students provided input on suggested alternatives for future crises, and the additional finding, a decrease in aggressive behavior with debriefing, have been collapsed into “post crisis intervention.” Each of the collapsed themes will be tied back to the literature on crisis intervention. The discussion of results will conclude with a brief discussion on the constricted access to this vulnerable population.

### **Emotional Component**

The emotional components are made up of the following themes identified in the previous chapter: (a) students identified emotions that preceded their behavior, (c) students interpreting staff intent during crisis intervention, and (e) emotion present during student perceptions and not during staff perceptions. Previous research has identified the impact of emotional reactions for both students and staff. Research in crisis intervention has shown that emotions have theoretical significance in challenging behavior (D’Oosterlinck et al., 2008; Tierney et al., 2007). Emotional reactions for students impact

the severity and frequency of their challenging behaviors while emotional reactions of staff have been shown to affect their self-efficacy in crisis intervention (Tierney et al., 2007). This highlight of emotional states is interesting because methodological behaviorists focus on the assumption that behavior cannot be understood without taking into account inner events; the thoughts and feelings of the individual must be taken into account (Moore, 2013).

In the current study both student participants were able to identify the emotions that they felt during the crisis and crisis intervention. The two participants in this research study are both six years old and in kindergarten, demonstrating this thought process is being identified at a much younger age. This could mean much younger students in crisis may have the potential to identify one key factor in their crisis continuum, which could have implications for self-regulation efforts in crisis intervention efforts. In the progression of events an emotion is triggered, prompting one's self to implement some form of emotional regulation in an effort of maintain control of themselves (behaviorally), and thus avoid a crisis (D'Oosterlinck et al., 2008). While no notes were made of emotional regulation efforts in the two young participants in crises, that was not the intent of this research project, but their ability to identify emotions warrants further investigation.

Furthermore, the students in this study attempted to identify the emotions their teachers felt during the crisis event and the crisis intervention. Mohr and colleagues (1998) similarly found that individuals in crisis described the staff's responses as emotionally driven rather than based on reason. The participants were appraising their

teacher's emotions during their efforts to help during a crisis state, suggesting that relationships matter in implementing crisis intervention as it adds to the processing of the individual in crisis of the interventionist's emotion and intent (Chien et al., 2005; Fish & Culshaw, 2005; Mohr et al., 1998; Steckley & Kendrick, 2008). Individuals in crisis have previously noted intentionality with an emphasis on perceived interventionist emotion (Steckley & Kendrick, 2008).

### **Authenticity of Perception**

Authenticity is defined as “worthy of acceptance or belief as conforming to or based on fact” (Merriam-Webster). The authenticity of perception is an accumulation of three themes identified in this research study and noted in Chapter IV: (b) potential student adoption of staff perception, (f) context present during staff perceptions and not during student perceptions, and (g) discrepancies in reported actions of the student.

As discussed in the results portion, one of the participants (Benji) initially recited a list of actions, almost identical to the those reported by the teacher documentation. When Benji went into more detail on what occurred, he provided contexts that painted a different picture, even to the point where he began to question if the action he reported had occurred. This specifically highlighted the misalignment between his perception and the teacher's perception of whether he kicked a teacher. Research has found that variability in meanings of crisis events may be due to reporting biases in response to staff (Rice, Hams, Varney, & Quinsey, 1989).

Similar to the findings in Petti and colleagues' (2001) study, there was a consensus on the events that occurred at a surface level. Furthermore, Petti and

colleagues (2001) highlighted the importance of the detail that the school provides and sends home to parents. While those documents are used to inform parents of the occurrences of the day, they are also used to update/create behavior intervention plans. The importance of the documentation sent home cannot be understated and it must be completed with the intent set forth, to help the student. Interestingly, the lack of information and details pertaining to contexts within crisis situations have been listed as a limitation in crisis research (i.e., Petti et al., 2001). Additionally, the documentation sent home to the participant's parents in this study were brief and lacked details needed to improve plans and future efforts. In Sammy's intervention procedures, there was little implemented from the incident plans. This misalignment between their crisis intervention plans and the crisis intervention provided warrants further research, as the cause is important to understand. Are their discrepancies due to insufficient documentation or are there implementation fidelity issues?

The participants each had discrepancies in their accounts of the crisis event when compared to the staff who implemented the intervention. Sammy did not mention hitting and kicking his teachers, while that was noted in the incident report completed by the staff. Benji noted that his peer hit him first initially, while the staff noted Benji hit first. Additionally, Benji's account of kicking his teacher was much different than the staff's. While this could be due to insufficient documentation and communication with the parents, similar discrepancies have been noted in other research with notions of illusory biases (D'Oosterlinck et al., 2008; Duxbury & Whittington, 2005). D'Oosterlinck and colleagues (2008) found that many boys and girls with ADHD demonstrated positive

illusory bias in their perceptions. They reported higher self-perceptions. “The overall idea is that these inflated self-perceptions serve as a self-protective role for ADHD children” (D’Oosterlinck et al., 2008, p. 75).

### **Post Crisis Intervention**

Post crisis intervention refers to the aftermath of crisis intervention and the efforts moving forward. This collapsed theme is compiled of theme (d) students provided input on suggested alternatives for future crises, and an additional finding of a decrease in aggressive behavior following debriefing.

Following the interviews Benji’s mother contacted the researcher for support because he had a crisis event at school. She further noted that her child had not experienced a crisis incident since the interview, 32 days prior. It is important to note that Benji was averaging one crisis event a week, with a steady increase in frequency. While the study was not an intervention study it is important to note the absence of crisis behavior for a substantial amount of time following the interview occurred. Petti and colleagues (2001) obtained staff and patient perceptions in regards to seclusion and restraint used as crisis intervention methods. While their research noted the perceptions regarding intent and alternatives the study noted that debriefing yielded a decrease in the number of episodes (Petti et al., 2001). While the results were dramatic in Petti and colleagues’ (2001) research, they further emphasized the importance of debriefing: “These data underscore the importance of systematic debriefing of critical S/R incidents as a management and education tool” (p. 119).

Another finding, post crisis, was that each participant provided input regarding future directions for their crisis reports. They specifically noted what they wished the staff member would have done and strategies that make them feel better and those that do not. The strategies suggested by the students were proactive measures, such as allowing them time and space (by not talking to them), a strategy also reported by individuals in crisis in Fish and Culshaw's (2005) research. Research has found that proactive strategies implemented may enable emotional expression in more adaptive ways (Fish & Culshaw, 2005). This was a common theme in reports from the two participants as they suggested future alternatives, strategies that could have prevented the crisis (i.e., allowing them to tell the staff what was going on, leaving them alone).

### **Accessibility to Vulnerable Population**

An important understanding identified in this study is the difficulty to obtain access to this population of students, to include them in the research that drives their services, interventions, and outcomes. It has been noted in various research efforts, the difficulty in gaining access to vulnerable populations in crisis intervention (i. e., Duxbury & Whittington, 2005; Steckley & Kendrick, 2008; Valimaki & Leino-Kilpi, 1998). Steckley and Kendrick's 2008 research also highlighted the importance of providing voice for this population, who is directly affected by the use of crisis intervention (in residential childcare). This population's input is crucial in informing policy development and practice (Steckley & Kendrick, 2008). Soenen and colleagues (2014) noted that the key component to finding meaning in crisis intervention is in understanding the perception of the individual in crisis of the crisis and their role. Meehan and colleagues

(2000) suggest that people with mental illness are a disempowered group and may therefore be reluctant to voice any criticisms about the services that they receive. While these children are not identified with mental illness there is a reluctance to allow an examination of crisis processes and the individuals involved.

Reluctance in recruitment efforts for this research went through multiple levels of resistance. Public schools were the first attempt and the most definite “no.” As inclusion efforts become more prevalent as discussed in Chapter II, and the number of students with emotional and behavioral concerns are provided services with their non-disabled peers, it is understandable that more crises have occurred. It also makes the interventions we implement more critical for the safety of a large population of students and teachers. While the research and theory support the notion that perceptions are crucial in understanding crises, researchers have been unable to access this population through public schools. Casual conversations with school personnel elude to the notion of school systems needing to protect themselves, that there is a liability in having students of such a vulnerable population talk about the supports they are receiving, especially in terms of crisis intervention. The field of crisis intervention research must figure out a way to obtain consent through instructional entities. The current research was able to obtain consent for two school-aged children, but they are two students whose parents reached out to the research upon seeing a research flyer. The restrictions on students of vulnerable populations restricts participant numbers and decreases generalizability.

## **Implications**

The findings from this research have the potential to impact theory and practice. Themes such as emotional components, authenticity of perception, post crisis intervention, and the overall lack of accessibility to this vulnerable population yield potential implications for practice specific to students, parents, and schools. While the implications all come back to the student, they are described in their areas of origin below. Additional implications for research are noted in the collapsed themes identified above.

### **Practice**

The implications for practice in crisis intervention fall under three categories: student implications, parent implications, and school implications. The communication between the three of these areas is at the forefront of the implications suggested. A sense of withholding information was present in both crises. The participants in this research represent both ends of the continuum in more than one way; Sammy has an extremely thorough behavior intervention plan and crisis plan, while Benji has a detail-lacking behavioral contract. Sammy has limited verbal skills, and Benji has above average verbal skills. One commonality between the two was the lack of information sent home either through the daily behavior logs or through incident reports.

**Students.** Students are a critical component in crisis planning as they are the only constant variable. The findings in this research study suggest that students can identify emotions and suggest alternatives at a very young age, making the information they could add to the planning process invaluable. Each of the participants in this study was able to



describe the events of their crisis situation and each additionally noted the emotion that preceded the events. Identifying emotions that drive behavior is a component of emotional or self-regulation. Implications from these findings are integrating self-regulation skills in crisis intervention. Understanding the emotions felt and their origin have the potential to change practice on an individual level. For instance, in a study by Fish and Culshaw (2005), they found that some clients perceived restraint as a punishment, which triggered emotions of panic and anger. This was tied back to the lack of information about the procedures of the students' crisis intervention being disclosed to them; they did not know what to expect in terms of length of time and techniques. Students should be involved and explicitly taught self-regulation skills and strategies within their crisis planning, as well as being a part of the planning component. They should be informed of the plans set for them to support them in moments of crisis.

**Parents.** Parents are important members of any student planning. They have the potential to add information that impacts student behavior, as well as the capacity to reinforce and add additional support when interventions are being implemented in the instructional setting. The information that was provided to the parents of the participants in this study were limited in detail. While the documentation was not completed for the purpose of the study, it provides an authentic display of the information and detail parents are receiving from their children's school concerning crisis intervention. The information provided for each of the participants seemed to withhold information and critical information needed to fully understand the crisis event. Relationships between schools and parents need to be such that accurate information is coming from both parties;

detailed accounts of crisis intervention efforts must be given to parents and documented for the betterment of crisis planning.

**Schools.** In addition to holding schools accountable for more detail and thoroughness in their crisis intervention documentation, schools should set debriefing procedures (which should additionally be documented and sent home). The American Psychological Association (as cited in Ryan & Peterson, 2004) noted that debriefing should take place after the use of physical restraint (a form of crisis intervention) to obtain the perception of the individual in crisis of the event and their opinions on the precipitating factors, as well as what could have been done differently to support them. Fish and Culshaw (2005) found that staff and individuals who experienced the crisis valued the debriefing sessions in place but that they were not used regularly. Schools should review the benefits of such crisis strategies and implement them in their crisis procedures.

### **Future Research**

The stories of the participants in this research provide insight on potential areas for future research in five areas: (a) self-regulation in crisis planning, (b) debriefing as a learning tool, (c) illusory bias in perceptions, (d) relationships between the individuals in crisis and those providing interventions, and (e) accessibility to this vulnerable population for research. As noted in the current research students were able to identify emotions throughout their crisis continuum, a key tool in self-regulation. Researchers should explore the possibilities of self-regulation strategies in crisis planning, beginning as young as kindergarten. While research has suggested that debriefing is a learning tool that

has positive effects of student outcomes, more research is warranted to identify the needed components of those debriefing strategies (i.e., across multiple disabilities, ages, and verbal abilities). In exploring discrepant views on crisis events more information is warranted on illusory biases and understanding from where the different views originate. While research has suggested that relationships do matter in crisis intervention, more information is warranted as to the capacity and extent they can impact the intervention. Lastly, this research project has highlighted an ongoing problem seen in research with vulnerable populations. To strengthen research practices in this area it is worth our time to understand the perceptions of the schools in their resistance to be a part of these research efforts. If there is an understanding of the problems and/or concerns, solutions and compromises can be made.

### **Limitations**

Limitations include but are not limited to the low number of participants in the study, the use of multiple perceptions in a phenomenological study, and researcher biases. While the goal of this research study was not to provide concrete facts to be generalized to a larger population, the two participants' perceptions and insights are worth being told and add to the conversation of crisis events and crisis intervention. The small sample size does not allow for generalizability among a larger population, as the participants themselves differed in expressive skill sets. The limited expressive skills in participants required additional information from teachers (via documentation) and parents (as they were present during the interviews). While one event was reviewed for each participant, three perceptions were reviewed, pulling away from the natural

intentionality of phenomenological research. While the study did not follow phenomenological practice throughout, it was driven by the participants and what was being studied. Lastly, research bias is a noted limitation. While the researcher completed bracketing throughout the research study and maintained a reflexive journal, it should be noted that removing all biases is impossible (Heidegger, 1977).

### **Summary**

Through exploring the phenomenon of crisis intervention in the school setting multiple themes emerged through the interviews conducted and reviewing incident reports and protocol plans for crisis intervention. Themes include (a) students identified emotions that preceded their behaviors, (b) potential student adoption of staff perception, (c) students interpreting staff intent during crisis intervention, (d) student provides input on suggested alternatives for future crises, (e) emotion present during student perceptions and not during staff perceptions, and (f) context present during staff perceptions and not during student perceptions. Those themes were additionally collapsed into more general themes; (a) self-regulation in crisis planning, (b) debriefing as a learning tool, (c) illusory bias in perceptions, (d) relationships between the individuals in crisis and those providing interventions, and (e) accessibility to this vulnerable population for research.

Implications for future practices were closely linked to the quality of information we send home to parents concerning crisis events. This study used typical communication efforts from school that were not completed for the purpose of research; while it lacked detail, it was important to note it represented what parents are typically provided after a crisis event occurs in the instructional setting. Additionally, using the thorough

information and detail that is intended to be in the crisis reports, debriefing is suggested to be a learning tool for those planning interventions and those experiencing it. For the individuals experiencing the crisis, debriefing efforts could be utilized in their noted ability to identify emotions in their crisis experiences.

Interestingly, suggestions for future research were abundant as this non-generalizable research study aimed to enlighten readers on the phenomenon of crisis in the instructional setting, specifically through the perception of the student experiencing the crisis and receiving the crisis intervention. The stories told by the participants of their crisis experiences provided a perception with emerging themes that developed into suggestions for future research: (a) self-regulation in crisis planning, (b) debriefing as a learning tool, (c) illusory bias in perceptions, (d) relationships between the individuals in crisis and those providing interventions, and (e) accessibility to this vulnerable population for research.

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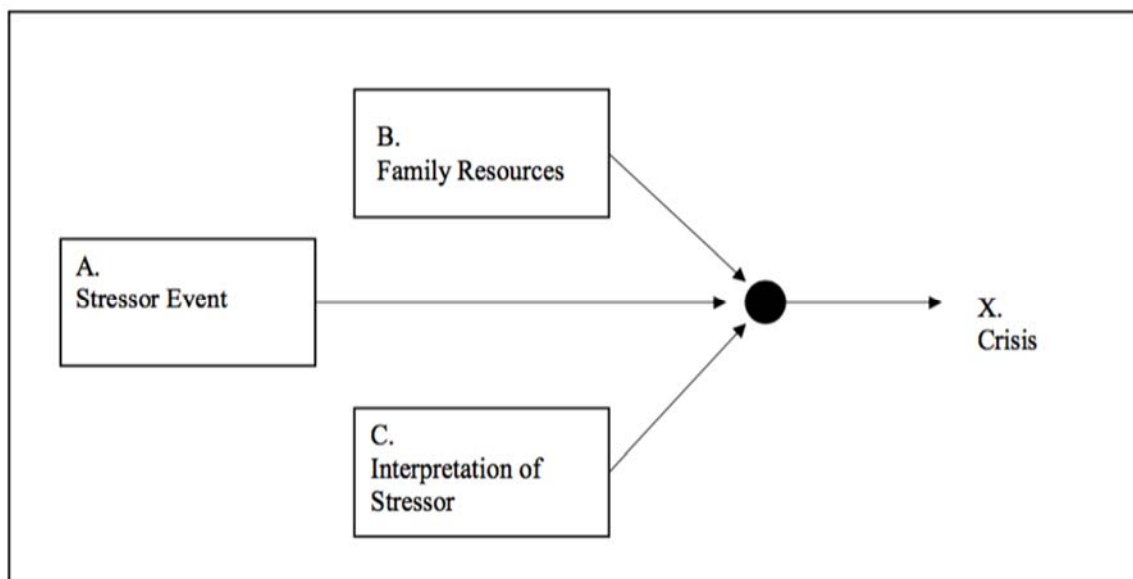
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## APPENDIX A

## ABC-X FAMILY CRISIS MODEL (HILL, 1949)



## APPENDIX B

### CRISIS INTERVENTION IN INSTRUCTIONAL SETTINGS LITERATURE THEMES

Themes		Dawson, 2003	Grskovic & Goetze, 2005	Forthun et al., 2006	Ryan et al., 2007	Tierney et al., 2007	D'Oosterlinck et al., 2008	Forthun et al., 2009	Soenen et al., 2014
Purpose	Implementation of BCI			X	X			X	
	Impact of BCI on SO	X	X	X			X		X
	Impact of BCI on staff	X				X			
Outcome	CI → Decrease in Inappropriate Beh.	X	X	X	X				
	CI → Increase in Appropriate Beh.	X							X
	CI → Improved Implementation (Staff)			X		X		X	
Resource	Life Space Crisis Intervention (LSCI)	X	X	X			X	X	X
	Crisis Prevention Intervention (CPI)				X	X			
	Therapeutic Intervention (TI)				X				
Setting/Participants	Elementary/Middle/High School				X		X		X
	Middle School	X						X	
	Middle/High School		X	X					
	Grade Not Specified					X			
	General Population			X				X	
	ED School	X			X				
	Residential School						X		X
	Special School (SLD)		X			X			
Measures	Crisis Intervention Report			X				X	
	Vignette			X					
	Disciplinary Referrals	X		X					X
	Questionnaire			X	X	X	X		
	Incident Reports			X	X				
	Interviews								X
	Observations		X						

## APPENDIX C

## PERCEPTIONS IN CRISIS INTERVENTION LITERATURE THEMES

Themes		Petti et al., 2001	Steckley & Kendrick, 2008	Chien et al., 2005	Duxbury & Whittington, 2005	Fish & Culshaw, 2005	Mohr et al., 1998	Wynn, 2004
Purpose	Staff and Patient Perceptions (S/R)	X						
	Staff and Patient Perceptions (R)		X			X		
	Staff and Patient Perceptions of patient aggression and management				X			
	Patient Perception (R)			X			X	X
When	General: Not Event Specific	X	X		X	X	X	
	Immediately after PR							X
	First exp. of PR			X (within 2 days)				
Outcomes	Debriefing yielded a decrease in number of episodes	X						
	Perception of reason for PR	X (safety)	X (safety)		X (Int. Ext. Sit.)	X (environment)		X (safety, non-compliance)
	Perception of what could have prevented PR	X (compliance)				X (T.O. talking, relationships, trust, debriefing)		X (positive attention, communication, sense of safety)
	Perception of alternatives provided	X (T.O. or meds)						
	Ambiguity of PR		X					
	Concerns about PR		X			X (re-traumatization)	X (vicarious/direct)	

Themes		Petti et al., 2001	Steckley & Kendrick, 2008	Chien et al., 2005	Duxbury & Whittington, 2005	Fish & Culshaw, 2005	Mohr et al., 1998	Wynn, 2004
							trauma)	
	Personal Experience of PR- staff		X (negative)	X (negative)		X (negative)		
	Personal Experience of PR- patients		X (negative)			X (negative)	X (3 forms trauma)	X
	Relationships matter		X	X		X	X (trauma-alienation from staff)	
	Impact of PR			X (therapeutic)		X (therapeutic)		X (anxiety, anger, physical discomfort, scared)
Resource	Not Specified		X	X	X	X	X	X
	Conflict Prevention Institute (CPI)	X						
Setting/Participants	Staff	X	X		X	X		
	Adult Patients/Clients			X	X	X		X
	Child/Youth Patients/Clients	X	X				X	
	Hospital	X		X			X	
	Residential Care Facility		X					
	Mental Health/Psychiatric Ward				X	X		X
Measures	Semi-Structured Interviews	X	X	X	X		X (In-depth)	X
	Questionnaires	X						
	Survey		X		X (MAVAS)			
	Patients interviewed by familiar staff	X				X		



Themes		Petti et al., 2001	Steckley & Kendrick, 2008	Chien et al., 2005	Duxbury & Whittington, 2005	Fish & Culshaw, 2005	Mohr et al., 1998	Wynn, 2004
	Vignettes		X					
	Examination of clinical records			X				
	Unstructured Interviews					X		
	Archival Data						X	
	No staff present during interview							X

**APPENDIX D**

**RESEARCH MATRIX**

Research Questions	Participants	<i>n</i>	Data Source	Analysis Procedure
(RQ1): How do students with behavioral concerns perceive the crisis event?	Students	2	Interview	(1) Interview (audio recorded) (2) Transcribe (3) Units of Reference assessed/assigned (4) Meaning Units identified/marked (5) Thematic Labels assigned (6) Idiographic Interrelationships (7) Nomothetic Interrelationships
(RQ2): How do students with behavioral concerns perceive the crisis intervention process?	Students	2	Interview	(1) Interview (audio recorded) (2) Transcribe (3) Units of Reference assessed/assigned (4) Meaning Units identified/marked (5) Thematic Labels assigned (6) Idiographic Interrelationships (7) Nomothetic Interrelationships
(RQ3): How do students with behavioral concerns' perception of the crisis event align or not align with staff member's perceptions of the same event?	Students	2	Interview	(1) Interview (audio recorded) (2) Transcribe (3) Units of Reference assessed/assigned (4) Meaning Units identified/marked (5) Thematic Labels assigned (6) Idiographic Interrelationships (7) Nomothetic Interrelationships
	Documentation	2	Incident Report	(1) Units of Reference assessed/assigned + Meaning Units identified/marked (2) Thematic Labels assigned

Research Questions	Participants	<i>n</i>	Data Source	Analysis Procedure
				(3) Idiographic Interrelationships (4) Nomothetic Interrelationships
(RQ4): How do students with behavioral concerns' perception of the crisis intervention process align or not align with staff member's perceptions of the same event?	Students	2	Interviews	(1) Interview (audio recorded) (2) Transcribe (3) Units of Reference assessed/assigned (4) Meaning Units identified/marked (5) Thematic Labels assigned (6) Idiographic Interrelationships (7) Nomothetic Interrelationships
	Documentation	2	Incident Report	(1) Units of Reference assessed/assigned + Meaning Units identified/marked (2) Thematic Labels assigned (3) Idiographic Interrelationships (4) Nomothetic Interrelationships
(RQ5) How have staff members planned to respond to said crisis?	Documentation	2	Incident Report	(1) Units of Reference assessed/assigned + Meaning Units identified/marked (2) Thematic Labels assigned (3) Idiographic Interrelationships (4) Nomothetic Interrelationships
			Protocol: IEP, FBA/BIP, Crisis Plan	(1) Meaning Units identified/marked (2) Thematic Labels assigned (3) Idiographic Interrelationships (4) Nomothetic Interrelationships

## APPENDIX E

### RESEARCH QUESTIONS AND DATA SOURCE ALIGNMENT

	Student Interviews	Incident Reports	FBA/BIP	IEP	Crisis Plan
Research Question 1 (RQ1): How do students with behavioral concerns perceive the crisis event?	X				
Research Question 2 (RQ2): How do students with behavioral concerns perceive the crisis intervention process?	X				
Research Question 3 (RQ3): How do perceptions of the crisis event of students with behavioral concerns align or not align with staff members' perceptions of the same event?	X	X			
Research Question 4 (RQ4): How do perceptions of the crisis intervention process of students with behavioral concerns align or not align with staff members' perceptions of the same event?	X	X			
Research Question 5 (RQ5): How have staff members planned to respond to said crisis?		X	X	X	X

**APPENDIX F**

**GUIDING QUESTIONS FOR INTERVIEW**

	RQ1	RQ2	RQ3	RQ4	RQ5
Student Interview Questions					
1. Do you know why you were approached by your teacher/staff today? What did you do that resulted in the teacher/staff providing intervention for you?	X	X	X	X	
2. What interventions were used?	X	X	X	X	
a. How did they make you feel?	X	X	X	X	
b. Were they helpful or not? What would have been helpful? Did it make you feel better or worse?	X	X	X	X	
3. What were you thinking while the teacher/staff was talking with you?	X	X	X	X	
a. How did it make you feel?	X	X	X	X	
4. How did you feel after talking with your teacher/staff?	X	X	X	X	
5. Anything else you would like to share about your experience today?	X	X	X	X	

## APPENDIX G

## PICTURE EXCHANGE COMMUNICATION SYSTEM FOR SAMMY

