Come to PPIECES:

Foundational Elements of a Therapeutic Milieu

A Guide for Integrated Educational and Social-Emotional Classrooms

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Chico Unified School District

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None of us is as strong as all of us.
Positive Environment Network of Trainers (PENT)

Come to PPIECES is the result of over a year of multi-agency collaboration between Chico Unified School District, Butte County SELPA, and the Diagnostic Center of Northern California. Through the process of developing this classroom tool new relationships were formed and the project took on a new life through the collective wisdom and collaboration of the team.

The project began with the goal of implementing current research in supporting students with emotional and behavioral disorders in self-contained therapeutic classroom settings. In the early stages of classroom consult and attempts to infuse evidence-based approaches, it became clear that the success or strife of a program often depends on a teacher or team's innate skills and experience. Adding to the dilemma is the high teacher and support staff turnover in these challenging classroom settings. Given these realities the multi-agency team sought to create a living document that could act as a guidance tool for staff working in these settings that would support implementation of best practices regardless of prior skill set.

The final result of this effort are the seven foundations of an integrated educational and social-emotional classroom. These foundations were identified through natural reflection of good classroom practices, as well as review of current research in behavioral support, emotional development/regulation, trauma-informed supports, and supporting adult learning. The term "Come to pieces," means something has been designed so that it can be divided into smaller parts. The intent of the Come to PPIECES resource and accompanying classroom checklist is to support teams in identifying where the strengths and growth areas lie within a classroom and address these areas in a clear, systematic, and collaborative way.

In the coming school year and beyond, this resource will be vetted in the integrated educational and social-emotional classrooms in Chico Unified School District. We are encouraged by the interest we've received already for comparable programs in Butte County and hope to see this approach adopted on a broader scale. Thank you for your interest in this resource. We hope it supports positive outcomes for your students.

I would like to thank Butte County SELPA and the Diagnostic Center for allowing their talented staff to support this project. It is proof that when we pool resources and support each other's efforts great things can be accomplished. This multi-agency collaborative approach was well worth the time and energy and I hope other districts will feel encouraged to reach out and work together with supportive entities.

Eric Snedeker
Director, Educational Services
Chico Unified School District

Acknowledgements

The creation of Come to PPIECES would not have been possible without the dedicated members of this team. In addition, time and space had to be created to foster collaboration. Therefore, the authors of Come to PPIECES would like to acknowledge the following people for their support throughout this journey.

- Diagnostic Center-North: Director Robin Zane and Assistant Director Ann England
- Butte County SELPA: Director Rusty Gordon and Clinician Britt Hirschberg
- Chico Unified School District: Director of Special Education Eric Snedeker and Principal Jeaner Kassel, teachers Cathy Wyman, and Jason Davison
- The teachers, clinicians and paraprofessionals within Chico Unified's integrated classrooms

Thank you!

Introduction

Do you find yourself struggling?

Are you unsure how to educate students with emotional and behavioral disorders? How will you support school teams confronted with this challenging work?

Come to PPIECES will guide you by categorizing and describing seven foundational elements for programs serving students with emotional and behavioral disorders. In addition, the accompanying observational checklist will allow for whole or partial data collection on the use of these foundational elements. Although the checklist is not meant for use as an evaluative tool, it is aligned with the California Teaching Standards. The narratives and on-line resources will ground the foundations in current evidence and interdisciplinary practice.

We wrote this program guide, collaboratively, because we too were challenged supporting the growth of the programs and people we work with. As we struggled together, we realized that we would need a simple, yet comprehensive source to refer to when discussing program expectations. We would also need a safe and respectful way to have dialogue with each other about current program functioning and our expectations for growth and support.

Come to PPIECES is the result of a multi-agency, trans-disciplinary collaboration and has been designed so that it can be used whole or divided and put back into any combination of smaller parts. Join us by taking a small step, or a great leap in making positive changes for some of the most challenging students we educate in our schools.

Thank you for being courageous.

Observational Checklist

Come to PPIECES: Foundational Elements of a Therapeutic Milieu

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Date: **Classroom:** **Observer:**

Element	CTC standard		Not yet in place	Partially in place	In place	In place & evidence of regular use
Foundation 1: Positive Reinforcement						
1.0	**2.5**	**Whole class reinforcement systems are developed, reviewed, and utilized regularly**				
1.1	2.5; 2.6	Individual reinforcement for adherence to rules and expectations are explicit, predetermined, consistently followed through on, and logically tied to the appropriate behavior				
1.2	2.4	Ongoing reinforcer assessments are conducted and results documented where staff can access				
1.3	2.5	Students are involved in setting their own behavioral goals				
1.4	2.5	Students are involved in monitoring their own behavior				
Foundation 2: Predictable Boundaries						
2.0	**2.5; 2.6**	**Classroom behavioral expectations are posted, taught, reviewed, and known by each student including procedures for free time and transitions**				
2.1	2.5	Intervention for behavior problems occurs early in the sequences to prevent escalation.				

2.2	2.5	Minimal social engagement occurs around unwanted behaviors				
2.3	2.5	Behavior Plans (BIP) or Direct Treatment Protocols (DTP) are in place for students who require them that include prevention, teaching, reinforcement, responses to behavior, and communication provisions				
2.4	2.7; 2.5	Individual consequences for non-adherence to rules and expectations are explicit, predetermined, consistently followed through on, and logically tied to the problem behavior.				
Foundation 3: Instructional Practices						
3.0	**1.4; 2.2; 2.7;3.3;3.4**	**A variety of activities are available including sedentary, active, group, independent, cooperative, and teacher directed**				
3.1	1.6; 5.1; 5.2; 5.3;5.4	Student progress is routinely monitored with informal and formal assessments and the data is used to inform instructional practice.				
3.2	2.7	The teacher or activity is prepared when the student reaches the destination.				
3.3	2.3; 2.4; 3.2	Affective curriculum covers intra-personal, interpersonal, and life skills and is used regularly.				
3.4	1.3	Independent seat work is limited to practice skill fluency and managed effectively when used.				
3.5		Students are taught and encouraged to use self-monitoring and problem-solving strategies to sustain focus and participate.				
Foundation 4: Emotional Relatedness						
4.0	1.1	Staff use planned, proactive strategies to establish and maintain positive relationships with all students, including at arrival and departure.				

4.1	1.1	Classroom staff will demonstrate attunement with students by becoming aware of their early signs of escalation and provide/adjust individualized support strategies.				
4.2	1.1	Students are allowed and encouraged to communicate needs, protest when appropriate, and make choices.				
4.3		Opportunities to build positive rapport and relationships between students is built into the daily schedule.				
Foundation 5: Collaboration and Cohesion						
5.0	**6.3; 6.4; 6.5**	**Integrated teaming and 1:1 collaboration between teacher and clinician are used to *plan* for whole-class and individual education programs.**				
5.1	5.2	A variety of observational and data collection systems are used to *monitor* staff fidelity to shared approach and student response to intervention.				
5.2	6.1	Members of the integrated team routinely review varied data and anecdotal observations as a way to *reflect* on program effectiveness and student outcomes.				
5.3	6.2; 6.3	As classroom leaders, the teacher and clinician routinely share decision making to *refine* individual and classroom practices.				
Foundation 6: Emotional Regulation						
6.0	**2.1;2.3;2.5**	**Staff actively support students in emotion identification**				
6.1	2.6	Staff help develop student ability to self-regulate emotional experience through building awareness of physiological symptoms (external and internal body cues) and practicing regulation strategies				

6.2	2.5	Build child ability to effectively communicate and express emotional experience				
6.3	1.4	There is a designated area or areas for students to go when they are struggling with self-regulation. These areas are equipped with self-calming strategies that the students have been taught how to use and have practiced				
Foundation 7: Structure and Routine						
7.0	**2.3; 2.6**	**There is a consistent, predictable classroom schedule posted in a visible area that organizes the day in the most productive way possible**				
7.1	2.6	There is a staff schedule posted outlining staff duties				
7.2	2.6	Specific and consistent cuing systems are used to gain or release student attention to ensure smooth transitions				
7.3	2.2;2.3	Each classroom environment has a clear function or purpose				
7.4	1.1; 2.6	Targeted students have individual schedules or routines which are reviewed and used as a tool to provide an intensified level of support for students needing additional organizational and planning skills				

Program Foundation 1
Positive Reinforcement

A robust and cohesive means of delivering reinforcement to students which is clear, consistent, and meaningful is an essential part of a functioning EBD classroom. A properly implemented positive reinforcement system serves as a means to help shape student behavior, provide clarity of expectations, promote prosocial engagement between staff and students, and contribute to a positive classroom culture and environment. Classrooms which demonstrate high ratios of positive-to-negative interactions between staff and students are able to increase the number of teaching and learning opportunities that enhance students' meaningful engagement (Rathel, Drasgow, Brown, & Marshall, 2014). In addition, classroom environments which focus on positive reinforcement decrease instances of staff and teacher burnout (Reinke, Herman, & Stormont, 2012).

One of the most common mistakes when using reinforcement is a lack of specificity (Allday, et al., 2012). In addition, irregular or illogical delivery, lack of meaningfulness to the student, low frequency, and poor timing also impact the effectiveness of reinforcement. Positive reinforcement should always be specifically stated, contingently given, desired by the student, given frequently enough to maintain the positive behavior, and given immediately after the desired behavior (PENT BIP Desk Reference).

Positive reinforcement systems can be conceptualized as a concrete, token economy system as well as whole-class interactions that promote relationship building. Classroom staff must be committed to promoting a positive environment and have self-monitoring evaluative tools in place to assure proper minimum 4:1, positive to negative interaction ratios.The means of delivering reinforcement to students must be tangible and contingencies clearly understood by both staff and students. Students must have means of monitoring their own progress in the reinforcement system by tracking their earning of points/reinforcers, such as stamp cards, a "bucks" system, or other classroom points as well as receiving regular feedback from staff.

A goal for all children is to help them develop an intrinsic ability to regulate their behavior, as well as a motivation to do well and find value in healthy relationships with others. Unfortunately, nearly all children come to our classrooms in varying states of executive functioning and relational deficit, thereby significantly impacting their inherent ability to regulate their behavior and make sound choices. Positive reinforcement is a tool that not only provides external motivation to help students stay on track toward their goals, but, implemented with fidelity, helps promote genuine connection between students and staff. Eventually, these attachments and the feelings they elicit become the most reinforcing thing we can offer, reducing the need for external contingencies, and helping students manage frustration more easily (Perry, 2001).

The following classroom elements are intended to provide guidance in the development and implementation of a meaningful and effective positive reinforcement system.

Classroom Elements

<table>
<tr><td colspan="2">1.0 Whole class reinforcement systems are developed, reviewed, and utilized regularly.</td></tr>
<tr><td colspan="2">Environmental examples:
The means by which students earn points are clear, concrete, and immediate. For example, at younger ages, every student can have an individual stamp card with stamps given when specific reinforcement is given.
There is a visual representation that depicts the elements of a reinforcement system (resource 1).
Each individual student has the opp to earn motivating activities or items at least daily based on their positive classroom behavior.
A person visiting the classroom can see evidence of specific and meaningful reinforcement being given within five minutes of entering the classroom.
Students can explain how they earn reinforcement and accurately describe their progress in the system.</td></tr>
<tr><td>Teacher role examples:
In consultation with clinician, design the reinforcement system in a way that matches the developmental needs of the students.
Create visual representations of reinforcement system.
Teach and review the reinforcement system with students.
Reference the reinforcement motivators to redirect unwanted behavior.
Empower other staff in the classroom to give reinforcement (i.e., points or tokens).
Model appropriate reinforcement for support staff.</td><td>Clinician role examples:
Give student reinforcement.
Assist in modeling appropriate reinforcement procedures for support staff.
Support the teacher in regular review of the reinforcement system with students.
Reference the reinforcement motivators to redirect unwanted behavior.</td></tr>
</table>

<table>
<tr><td colspan="2">1.1 Individual reinforcement for adherence to rules and expectations are explicit (resource 2), predetermined, consistently followed through on, and logically tied to the appropriate behavior.</td></tr>
<tr><td colspan="2">Environmental examples:
Each student has a designated way to earn reinforcement (i.e., point card, token board).
Students are explicitly told what they are doing correctly when given reinforcement.
Reinforcement is given immediately following desired behaviors.</td></tr>
<tr><td>Teacher role examples:
Design reinforcement criteria.</td><td>Clinician role examples:
Work with teacher to determine</td></tr>
</table>

• Model delivering reinforcement to individual students in response to appropriate behaviors. • Provide feedback to support staff on timing and nature of reinforcement.	reinforcement criteria. • Model delivering reinforcement to individual students in response to appropriate behaviors. • Provide feedback to support staff on timing and nature of reinforcement.

1.2 Ongoing reinforcer assessments (resource 3 & 4) are conducted and results documented where staff can access.	
Environmental examples: • Individual student binders containing reinforcement inventories as well as summary information of preferred reinforcers • Saliency of chosen reinforcers are frequently checked and, when needed, new reinforcers chosen, based on assessment. • Parent information and, if applicable, systems are integrated into student plans and contingencies.	
Teacher role examples: • Create and maintain reinforcement binders which are easily accessed. • Regularly administer reinforcement surveys. • Link reinforcements to parent/home systems, where applicable.	Clinician role examples: • Connect home reinforcement systems to school contingencies. • Assist teacher with maintenance of reinforcement binder. • Provide feedback to teacher regarding possible reinforcers and meaningfulness.

1.3 Students are involved in setting their own behavioral goals (resource 5)**.**	
Environmental examples: • Daily discussion with students regarding behavior targets • Data is collected and reviewed, as appropriate, with students prior to determining behavior goals. • Behavior goals are stated in terms of appropriate skills, rather than inappropriate behaviors. • Behavior goals are revisited during the day and updated, as needed.	
Teacher role examples: • Designate time in schedule for students to establish and re-visit behavior goals as well as review relevant data. • Collect relevant behavior data and make it understandable to students.	Clinician role examples: • Assist students with development of meaningful behavioral goals. • Prompt re-visiting of individual goals consistent with classroom schedule and as needed.

<table>
<tr><td colspan="2">1.4 Students are involved in monitoring their own behavior.</td></tr>
<tr><td colspan="2">Environmental examples:
Individual data tracking sheets are created for each student's individual behavior goals (resource 5 & 6).
Procedures are developed for students to monitor and/or reflect on their behavior performance (i.e., check-in following difficult tasks, or identified times to track on-task behavior).</td></tr>
<tr><td>Teacher role examples:
Teach students age-appropriate methods of tracking their own behavior.
Develop age-appropriate materials for students to use in self-tracking.
Provide time in schedule and necessary script/structure for self-tracking.</td><td>Clinician role examples:
Support student reactions and regulation to tracking their behavior.
Review individual and group progress with students.</td></tr>
</table>

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Program Foundation 2
Predictable Boundaries

"Predictable boundaries" refers to the way we proactively create behavioral limits as well as our response to student behaviors. "Children do better when they have a clear understanding of the rules and when there is a degree of predictability in adult and environmental response" (Wolpow, Johnson, Hertel, & Kincaid, 2009, p.37). Predictability builds a sense of safety and is a vital element in helping students regulate, which in turn allows students to access learning.

Predictability can increase a sense of safety in relationships and in the environment. When children feel safe, they are able to move from a "fight or flight" response to healthy development (Blaustein & Kinniburgh, 2010). When expectations are clear and consistent we are helping mitigate the impact of trauma, previous chaotic environments and/or behavioral disturbance by eliminating guesswork on what may be happening next. This is calming to the nervous system, reduces hyperarousal, and improves the likelihood of acquiring learning.

Predictable responses also keep us from re-traumatizing kids. "Sanctuary trauma" is the condition that results when trauma victims turn to those from whom they hope to find safety only to encounter a reception that is not as supportive as anticipated (Wolpow et al, 2009, p. 13). The likelihood that children and their families will experience school-based sanctuary trauma has a direct correlation to how well staff are informed about trauma's impact on relationships, behavior, and learning. If staff is poorly informed about the role of predictable boundaries, traumatic experiences may be exacerbated (Wolpow, et al., 2009). Inconsistent behavior management practices, unclear rules and expectations regarding appropriate behavior, and disagreement and inconsistency of implementation among staff members can unintentionally contribute to the development of emotional and behavioral problems, exacerbate trauma, and result in academic failure (Sprague, Cook, Browning Wright, & Sadler, 2008; Wolpow et al. 2009).

Proactive implementation of boundaries should be predictable, consistent, and posted in a prominent location. Teaching and reviewing consequences reinforces consistency and expectations and should therefore occur regularly. Blaustein & Kinniburgh (2010) suggest using "positive reinforcement rather than limits to shape behavior whenever possible" (p. 92). Further, "limits are most appropriate when they are immediate, related, age-appropriate, proportional, and delivered in a calm and respectful voice" (Wolpow et al., 2009, p.16).

Predictability necessitates that all staff are clear about the steps involved and their role in any response to behavior. This includes the development of reinforcement procedures, appropriate staff responses based on the intensity of the behavior, and how and when to access administrative support. Responses to challenging behaviors should provide the least amount of energy as possible to non-adherence of boundaries. Clarity with boundaries reinforces consistency and the avoidance of power struggles (Blaustein & Kinniburgh, 2010).

The following classroom elements and environmental examples outline practices of predictable boundaries in a classroom.

Classroom Elements

2.0 Behavioral expectations for the classroom and other school settings are posted, taught, reviewed, and known by each student including procedures for free time and transitions (resource 1 2).

Environmental examples:

- Each classroom environment has clear behavioral expectations, e.g., reading area, regrouping area (resource 3), academic stations.
- Each school setting has clear behavioral expectations, e.g., bathroom, hallways, cafeteria.
- Staff respond to requests and behavior through reference to expectations and procedures.
- A behavioral array (resource 4) that lists non-compliance behaviors from least impactful to most impactful including consequences
- Reactive strategies are taught and practiced by adults in environment.
- Behavioral expectations are consistently applied by adults in the environment including how to respond to adherence and non-compliance to expectations.
- Teacher and clinician regularly communicate expectations and consequences to parents/caregivers, especially as a pro-active measure.
- A variety of instruction including role play is used to teach expectations.
- A way to track success with meeting expectations, e.g., student self-reports (resource 5), teacher data collection (resource 6)
- A substitute cheat sheet/binder exists to outline expectations, consequences, and procedures.
- Transition prompts are posted in appropriate locations, e.g., line order posted on the door, etc.

Teacher role examples:

- Collaborate with clinician and aides to determine expectations and procedures.
- Advocate for establishing academic expectations and procedures during collaboration.
- Post, teach, and follow through with all expectations and procedures.
- Allow and ensure all classroom staff follow through with all expectations and procedures.
- Ensure site and district administration are familiar with expectations and procedures.
- Ask for and provide feedback regarding on-going use and success or need to adjust expectations and procedures as a team.
- Ensure substitute aides and teachers

Clinician role examples:

- Collaborate with teacher and aides to determine expectations and procedures.
- Advocate for establishing social/emotional expectations and procedures during collaboration.
- Follow through with all expectations and procedures, including during times led by clinician.
- Allow and ensure all classroom staff follow through with all expectations and procedures.
- Ask for and provided feedback regarding on-going use and success or need to adjust expectations and procedures as a team.
- Ensure substitute clinicians have access to expectations and procedures.

have access to expectations and procedures.	

2.1 Intervention for behavior problems occurs early in the sequences to prevent escalation.	
Environmental examples: ● Adults know individual student early behavior indicators ● Non-verbal or quiet cueing system for adults to communicate about student need ● Employing environmental supports such as providing low light, reducing noise, increasing/decreasing proximity, varying setting ● Use of CPI strategies (resource 7), e.g., integrated experience and verbal de-escalation continuum (resource 8) ● Classroom staff response sequence will be reviewed and posted, if appropriate, in a prominent location. ● Common use of language regarding affect regulation: "I see your body is…" ● Redirection to learned problem-solving strategies ● Remind student of reinforcement procedure. ● 'Skill of the Week' to support adults learning specific responses in the sequence ● Student self-management strategies are routinely taught and reviewed.	
Teacher role examples: ● Manage pacing of instruction and environmental supports. ● Collaborate with clinician to determine individual behavior response sequence, problem-solving strategies and reinforcement procedures. ● Ensure site and district administration are familiar with responses. ● Ensure aides are familiar with response and that they follow through with response, problem-solving strategies, and reinforcement procedures.	Clinician role examples: ● Collaborate with teacher and aides to determine and/or teach behavior response sequence. ● Develop, model, utilize, and review common language regarding affect regulation. ● Collaborate with teacher and aides to determine individual student problem-solving strategies and reinforcement procedures. ● Follow through with identified interventions while teacher is leading instruction. ● Ensure caregivers are familiar with staff response to student behavior.

2.2 Minimal social engagement occurs around unwanted behaviors.
Environmental examples: ● Staff should have procedural awareness of who should address student behaviors or

emotional needs during class instruction. To maintain the flow of teacher-led instruction, paraeducators and clinicians should be the first line of support rather than the teacher.
- Staff should collaborate and role-play appropriate ways to respond to unwanted behaviors that minimize social engagement.
- Staff should learn to set effective limits with minimal engagement (resource 9).
- Model and role play the Nurtured Heart Approach concept of "Reset" to provide an effective and un-energetic means to redirect unwanted behavior (resource 10).
- Staff should attempt to be attuned to their own emotional states and request to swap out with other staff if becoming too emotionally escalated by student behavior.

Teacher role examples:	Clinician role examples:
• Lead team discussions about setting effective limits, introducing "Resets," and team awareness of handling power struggles with students. • Develop procedures for requesting team support/duty swap. • Be aware of staff arousal signs and proactively support breaks for staff to minimize energy given to unwanted behaviors.	• Collaborate with team to identify "preferred staff" to address student behaviors during instructional time. • Reinforce procedures of requesting team support/duty swap. • Collaborate with team regarding effectiveness of response to behaviors and adjustment as needed. • Provide support and feedback to team regarding use of support/duty swap procedures.

2.3 Behavior Plans (BIP) or Direct Treatment Protocols (DTP) are in place for students who require them that include prevention, teaching, reinforcement, responses to behavior, and communication provisions.

Environmental examples:

- BIP/DTP summary sheets are available to para-professionals.
- BIP/DTP summary sheets are available to general education teachers.
- Frequent opportunities exist for students to select reinforcers through use of a reinforcement inventory (resources 11,12).
- Data is collected regarding frequency of problem behaviors and replacement behaviors (resource 13).
- Classroom staff is aware of triggers, language for management of behavior, and stage of regulation for each student.
- Classroom staff know what to do if the challenging behavior happens again.

Teacher role examples:	Clinician role examples:
• Collaborate with clinician on BIPs and/or DTPs. • Follow through with BIP/DTP elements and data collection. • Support aides in their follow through of	• Collaborate with teacher on BIPs and/or DTPs. • Follow through with BIP/DTP elements and data collection. • Utilize individual, group, and milieu for

BIPs/DTPs by providing feedback and support as needed. ● Support general education teachers regarding follow through with BIPs/ DTPs through frequent communication and by providing feedback and support as needed. ● Ensure substitute teachers, clinicians and aides have access to summary sheets in order to uphold consistency in the classroom.	skill building contained in BIP or DTP. ● Support aides in their follow-through of BIPs/STPs by providing feedback and support as needed. ● Support general education teachers regarding follow through with BIPs/DTPs through frequent communication and by providing feedback and support as needed. ● Ensure substitute clinicians have access to summary sheets to uphold consistency in the classroom.

2.4 Individual consequences for non-adherence to rules and expectations are explicit, predetermined, consistently followed-through on, and logically tied to the problem behavior.	
Environmental examples: ● Consequences and steps for following through are printed, posted, and/or placed in binder (resource 3). ● All staff are familiar with consequences and can follow through independently. ● Staff actively uses the plan to refer to before non-adherence to rules occurs. ● A system exists (collaborative meetings, data collections systems) to measure success of consequences and the need to continue, change, or eliminate the individual plan.	
Teacher role examples: ● Collaborate with clinician to develop individualized plans. ● Allow and ensure aides are familiar with and follow through with plan. ● Ensure caregivers and site administration are familiar with plan. ● Ask for and provide feedback regarding on-going use and success or need to adjust plan as a team. ● Ensure substitute aides and clinicians have access to plan “cheat sheet” in order to uphold consistency in the classroom.	Clinician role examples: ● Collaborate with teacher to develop individualized plan. ● Allow and ensure all aides are familiar with and follow through with individual plan consistently. ● Ask for and provide feedback regarding on-going use and success or need to adjust plan as a team. ● Ensure substitute aides and clinicians have access to plan “cheat sheet” in order to uphold consistency in the classroom.

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Program Foundation 3
Instructional Practice

The foundation of instructional practice gives guidance to teachers and clinicians for making decisions about what they teach and how they increase the appropriate learning behaviors and academic achievement of their students.

Academic achievement is related to a student's ability to academically engage. Students with emotional and behavioral disabilities have difficulty engaging due to their compromised ability to pay attention, concentrate, recall, and retain new information. Students with emotional and behavioral disabilities learn through the use of effective instructional practices. For learning to take place, students must be able to demonstrate appropriate behaviors such as attending to a teacher or a task, sustaining focus, working on assignments, and participating in independent and cooperative class activities (Landrum & Kauffman, 2003).

Many instructional practices that are effective for children with emotional and behavioral disabilities are not considered feasible nor likely to be implemented with fidelity due to negative perceptions of ease of implementation and effectiveness (Nieysn, 2009). Teachers may feel that some practices are too time consuming, and/or that they lack the resources or capacity to implement certain practices. Therefore, a gap exists between evidence-based instructional practices and those practices that are used in the classroom (Kutash, Duchnowski, & Lynn, 2009).

A challenging yet important task for teachers and clinicians is to plan for and provide explicit, direct instruction that is high-interest, appropriately matched to each student's ability level, and pays attention to structure, sequencing, and pacing (Landrum & Kauffman, 2003). On-going progress monitoring using curriculum-based measurements and brief standardized measures is an effective practice for planning instruction and controlling the difficulty of tasks for students (Landrum & Kauffman, 2003; Vaughn & Linan-Thompson, 2003). Students also benefit from opportunities for practicing newly acquired skills (Vaughn & Linan-Thompson, 2003).

Instructional practices also support social and emotional learning. For example, students who struggle with self-management can learn how to gain awareness of their own abilities by observing, evaluating, and recording their own behavior as a way to improve attention to task, or to successfully transition between activities (Landrum et al., 2003; Niesyn, 2009). Principles of direct instruction can be applied to teaching social skills when paired with planned, guided opportunities to practice skills with contingent feedback and positive reinforcement (Landrum & Kaufman, 2003).

The following classroom elements and environmental examples outline a variety of practices taken from literature on teaching students with emotional, behavioral, and learning disabilities.

Classroom Elements

3.0 A variety of instructional structures are planned for and provided, including sedentary/active, independent/group, teacher directed, and cooperative models.	
Environmental examples: ● The learning objective is clearly stated. ● Effective curriculum and strategies are used. ● High-interest materials, including technology, are used to gain student attention. ● Large skills sequenced into small parts that can be synthesized back together. ● Lesson plan format used such as Madeline Hunter's; I do, we do, you do. ● Both direct instruction (resource 1) and strategy instruction are used. ● Lesson goals are aligned to the California Standards.	
Teacher role examples: ● Develop and maintain a daily schedule (see Foundation 1). ● Develop short term and long term lesson plans (resource 2). ● Focus on academic achievement. ● Provide intentional, varied prompting (resource 3). ● Provide descriptive feedback. ● Provide continuous monitoring of student achievement**:** CBMs, student portfolios (resource 4).	Clinician role examples: ● Maintain attunement with student response to environment and academic expectations. ● Focus on appropriate learning behaviors. ● Self-management, preventative, and reactive strategies are communicated to classroom staff. ● Provide encouragement and reinforcement. ● Support students' self-monitoring (resource 5). ● Support collaborative groups.

3.1 Student progress is routinely monitored with informal and formal assessments and the data is used to inform instructional practice.	
Environmental examples: ● IEP goals are known (IEP at a Glance), or can be located and referred to by all classroom staff. ● Curriculum-based measures and formative assessments are routinely used. ● Student binders or work sample portfolios are kept to demonstrate growth over time. ● Observational data is kept on priority goals. ● Summative and formal assessments are used. ● Data is kept in an organized format including academic, behavioral, and therapeutic learning targets. ● Assessment results are used to inform selection of instructional practice and the development of priority goals; teacher and clinician can discuss how assessment results influence instructional decision making.	
Teacher role examples: ● Communicate IEP goals to classroom staff.	Clinician role examples: ● Prepare and provide individualized observation and data collection

● Maintain records in an organized fashion. ● Prepare and provide individualized observation and data collection systems. ● Compile data and report on assessment results. ● Use assessment results to inform instructional decision making. ● Provide feedback to classroom staff on correctness of data collection.	systems that support therapeutic goals. ● Conduct and support classroom staff in conducting non-judgmental observations.

3.2 The teacher or activity is prepared when the student reaches the destination.	
Environmental examples: ● Lessons are planned ahead of time, a lesson planning format is used. ● Paraprofessionals have specific roles and know what to do . ● Lesson/activity starts on time. ● Lesson/activity matches ability level and modality strengths of student/s. ● Lesson/activity has a clear ending marked by a schedule, timer, or clear expectations/outcomes. ● Closure is provided, such as review and/or reinforcement. ● "Travel Box" is used when students need to evacuate the room.	
Teacher role examples: ● Communicate paraprofessional roles. ● Is familiar with scope and sequence of academic area/s ● Use time in between lessons/period to prepare for the next. ● Provide visual supports/organizer of lesson.	Clinician role examples: ● Support students getting into place. ● Support teacher to maintain the pacing of the lesson by handling distractions in the environment. ● Support students in between lesson/period so that teacher can prepare for the next.

3.3 Affective curriculum covers intra-personal, interpersonal, and life skills and is used regularly.	
Environmental examples: ● Use of social-emotional learning curriculum ● Use of social skills curriculum ● Self-management taught with opportunities for guided practice. ● Cooperative games used to gain attention or practice concepts/skills ● Practice life skills such as classroom jobs, self-care (hygiene/health), independent living skills.	
Teacher role examples: ● Incorporate affective curriculum with	Clinician role examples: ● Provide visual supports (schedules,

academic curriculum. ● Provide visual supports (schedules, checklists, routines) to encourage generalization of skills. ● Remain engaged with students during social skills lessons.	checklists, routines) to encourage generalization of skills. ● Support use of affective skills in a variety of contexts. ● Teach the adults working with students individualized social/emotional skills strategies.

3.4 Independent seat work is limited to practice skill fluency and managed effectively when used.	
Environmental examples: ● Practice of skills should be at or near student's independent level. ● Independent work may be organized by student, subject, and/or color coded to increase the independent nature of the activity. ● Independent materials are consistently prepared and available. ● Use of a computer or other assistive technology ● Independent seat work may be used as a student choice, to appropriately escape another task. ● "Independent" work may be facilitated by peer tutor.	
Teacher role examples: ● Sequence the skills to be practiced (resource 6). ● Collect data and work samples. ● Provide daily feedback. ● Update and prepare materials.	Clinician role examples: ● Teach self-management skills. ● Support student to re-join the group.

3.5 Students are taught and encouraged to use self-monitoring and problem-solving strategies to sustain focus and participate.	
Environmental examples: ● Strategies support students building resiliency and abilities to manage instructional expectations, such as using a timer to track on task/off task behavior, graphing task completion, comparing data from separate days to track growth. ● Protocols are used, visual supports/mnemonics are left in place for generalization. ● Explicit modeling and rehearsal of problem-solving strategies (resource 7) ● Student questions are encouraged and answered respectfully. ● Strategies are supported in a variety of settings.	
Teacher role examples: ● Student questions are answered. ● Active listening/non-judgmental approach is used with students. ● Redirect students to use practiced strategies when students are stuck.	Clinician role examples: ● Use and train others on collaborative problem-solving model (resource 8,9). ● Dialectic questioning/searching nature of the problem. ● Support students when communicating their ideas to other adults.

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Program Foundation 4
Emotional Relatedness

Relatedness refers to the quality of relationships between students and adult care providers. One of the greatest predictive factors of success for high risk children is having a safe and nurturing bond with a single person (Blaustein & Kinniburgh, 2010). A critical factor in creating quality child/caregiver relationships is attunement. Attunement refers to "the capacity to accurately read the cues of others and respond appropriately" (*The Heart of Teaching and Learning,* 2009). Children who have positive, safe, and nurturing early experiences develop a broader capacity for engaging in interactions and respond accordingly (Ayala & Grove 2015). Further, respectful, attentive, and attuned caregiving calms the stress response system and provides emotional regulation (University of Notre Dame Shaw Center for Children & Families, 2014).

Unfortunately, many traumatized children or those with emotional/behavioral regulation difficulties become distrustful of adults or feel unsure of their safety in the school setting. In order to feel more in control they may challenge school authority or overreact to novel classroom interaction (Massachusetts Advocates for Children, 2005). Further, traumatized or emotionally disturbed children often experience delays in age-appropriate social skills. They may not know how to initiate or maintain healthy relationships with peers or adults (Massachusetts Advocates for Children, 2005). According to Van der kolk (as cited in Massachusetts Advocates for Children, 2005), children with emotional/behavioral disorders, "have problems enlisting other people as allies on their behalf. Other people are sources of terror or pleasure, but are rarely fellow human beings with their own sets of needs and desires."

Consequently, educational settings that do not view the child through the lense of their experience/trauma can unintentionally cause additional trauma when overly punitive. If adults focus on compliance and consequences without rapport and relationships the child will not view them as a safe adult, and more power struggles are likely to ensue. There is a constant balance needed in order to, "prevent the corrections adults use from sabotaging connections they need" (Bath, 2008). When adults are mindful of this, children learn healthy boundaries and positive ways to forge relationships with others.

It is critical for adults working with trauma-exposed and/or emotionally disturbed students to focus on building authentic and compassionate peer and adult relationships when they are emotionally regulated and things are going well. This can be done by greeting students when they come to class and taking time each day to talk to students about their interests. Doing something of high interest (Resource 3) with them also helps them build relationships and stay emotionally regulated. By being mindful of the child's background and typical/atypical behavior, adults can be more supportive and responsive to them. This can be done by becoming aware of the child's nonverbal cues of potential dysregulation and intervening with supportive options (Resource 1). When children are provided choices during their day and opportunity to communicate their needs it enhances their feelings of safety and opens up additional positive relational interactions.

The following classroom elements and environmental examples outline practices to help develop emotional relatedness in a classroom.

Classroom Elements

4.0 Staff use planned, proactive strategies to establish and maintain positive relationships with all students, including at arrival and departure.	
Environmental examples: ● All staff (teacher, aides, clinician) should have at least one positive relational interaction with each student per day. Examples include preventative emotional "check ins," inquiry about the child as a person (i.e. his or her life and interests), and dyadic (two-way) playful interaction such as games. ● Staff greet students individually with verbal or nonverbal interactions ("Welcome back, how was recess?" with fist bumps, high fives, etc.) both at arrival, departure, and upon returning from activities outside of the class within the day (recess, lunch, mainstream). ● Staff will strive to balance positive to corrective feedback at a 5:1 ratio. Positive could include verbal praise, classroom currency, dojo points. ● Staff will engage in empathic listening to truly understand and connect with student concerns . (Resource 2)	
Teacher role examples: ● Focus on having positive relational interactions with each student daily. ● Ensure support staff are maintaining a 5:1, positive-corrective feedback ratio. ● Create structured opportunities for students to give each other positive affirmations during the day and practice of social skills. ● Lead staff in collecting reinforcement inventories and student interest surveys to aid in relationship development. (Resource 3)	Clinician role examples: ● In the counseling setting, take time to develop therapeutic rapport with children before addressing counseling goals. ● Provide 5:1, positive-corrective feedback ratio both in the classroom and counseling setting. ● In counseling setting and classroom create opportunities for students to give each other and themselves positive affirmations.

4.1 Classroom staff will demonstrate attunement with students by becoming aware of their early signs of escalation and provide/adjust individualized support strategies.
Environmental examples: ● Through daily positive interactions, staff become aware of when students are in optimal arousal states for learning. ● Staff become aware of what support strategies benefit each individual student. This can be done through observation, collaboration, student/caregiver interviews. ● Regulation strategies are modeled, role played, and practiced regularly when students are not escalated before students are expected to engage independently. ● Staff may need to co-regulate (engage in the self-regulation strategy with the student) until independent self-regulation can be accomplished.

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- When students show early signs of escalation (pacing, fidgeting, irritability, etc). Staff supportively help student become aware of these symptoms and prompt them to select/use a predetermined self-regulation strategy. (Resource 1)

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Teacher role examples:

- Become familiar the nonverbal signs of students various emotional states (optimal arousal, hyperarousal, hypoarousal).
- Teacher and other staff collaborate so that everyone is aware of early signs of emotional dysregulation.
- Through collaboration with student, clinician, and other staff, develop self-care plans for students so they have familiar self-regulatory strategies to engage in when needed.
- Model supportive intervention strategies or cue staff to intervene during instructional time.

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Clinician role examples:

- Become familiar the nonverbal signs of students' various emotional states (optimal arousal, hyperarousal, hypoarousal).
- Through group processing and individual counseling, help students become aware of their own pre-escalation symptoms.
- Through group processing and individual counseling, help students expand their familiarity with various self-regulation strategies.
- Model for other staff how to assist students who are showing signs of hyper/hypoarousal.

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4.2 Students are allowed and encouraged to communicate needs, protest when appropriate, and make choices.

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Environmental examples:

- If students ask questions that seem challenging, answer the question and/or ignore the challenge, not the student.
- Staff to encourage students to communicate their needs. If students struggle with doing so in an appropriate manner, staff should prompt student to use replacement language. If student does not have the replacement language, it should be modeled for the student.
- Opportunities for choice are embedded throughout the day. For example, provide flexibility in work setting within the class, choices for alternative assignments when students protest, alternatives for work materials (pen, pencil, keyboard).
- "Johnny, it seems like you are frustrated with your work right now. How do we request a different choice?"
- "Sam, instead of saying ____ when you are upset/need something, what else could you say?"
- "Olivia, you seem to be struggling to play tetherball with Joe without getting angry. What is another activity you could choose?"

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Teacher role examples:

- Acknowledge student attempts to communicate their needs, even if not socially appropriate.
- Provide supportive corrective

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Clinician role examples:

- Model active/empathic listening in the classroom/clinical setting when students communicate their needs .
- Provide supportive corrective

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feedback when students protest or communicate inappropriately. ● Model appropriate ways to communicate needs. ● When appropriate, if students do not wish to engage in a classroom task, provide choice of alternative assignments. ● Acknowledge and praise when students appropriately protest or request a choice.	feedback when students protest or communicate inappropriately. ● Model appropriate ways to communicate needs. ● When appropriate, if students do not wish to engage in a classroom task, provide choice of alternative assignments. ● Acknowledge and praise when students appropriately protest or request a choice.

4.3 Opportunities to build positive rapport and relationships between students is built into the daily schedule.	
Environmental examples: ● Provide opportunities for collaborative learning and play for students to allow practice of prosocial behaviors and fostering of positive relationships. (Resources 4, 5, 6) ● Within the day, provide opportunity for students to provide positive affirmations to each other. This can be done through group counseling, classroom meetings, or prompted between students. ● During unstructured times such as lunch and recess, model and support initiation of prosocial peer interactions with classmates as well as general education peers. ● When students mainstream into the general education setting, model and support initiation of prosocial classroom interactions with general education staff and peers.	
Teacher role examples: ● Facilitate student collaboration and cooperative engagement. opportunities during instruction. ● Engage students' conversation about their personal interests. ● When appropriate, weave student interests into academic instruction so they are engaged and can see commonality with their peers.	Clinician role examples: ● Facilitate activities in the clinical setting that promote relationships between students including practice giving each other positive recognition. ● Provide opportunities for structured collaboration opportunities between students. ● Without disclosing confidential information provide staff feedback on student interests and strategies for relationship building with students.

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Program Foundation 5
Collaboration and Cohesion

Transdisciplinary collaboration can be defined as “a team approach to problem solving, crisis intervention, and resource development” (Villareal & McGrath, 2013). Collaboration is a change-oriented process and therefore benefits from a cohesive team capable of consistently evaluating their ability to work together and to use feedback to strengthen the team. Goals of a collaborative, educational team include reducing systemic barriers, decreasing isolation of team members, and increasing positive student outcomes.

Members of trans-disciplinary teams often bring differences in training, responsibilities, philosophies, and professional language (Weist, et al., 2012). On-going peer and upper-level support is needed for team members to develop a shared agenda where individual skills are optimally used and/or roles reevaluated to provide both clarity and areas for shared responsibility. Collaborative team members are open to change and consider themselves both expert and co-learner.

Challenges to collaboration may be interpersonal or structural. Team members may have differing goals, feel territorial or competitive, or have differences in experience and philosophy (Villareal & McGrath, 2013). Staffing patterns may create inconsistencies, and teams may be allowed inadequate time to meet regularly. Cooperative or congenial relationships are characterized by team members who maintain their own territories or who engage in positive social interactions. Adversarial relationships are characterized by competition and a lack of sharing ideas. A distinction is made between these types of teams and one that is collaborative (Drago-Severson, 2009). Collaborative teams engage in respectful and courageous dialogue as a way to improve individual and group practice.

Regular meetings are needed to develop a collaborative team. Aspects of successful meetings include focused goals and procedures with support from protocols if necessary, active listening, and opportunities for members to have equitable voices. Meetings should be brief with notes kept for accountability and to demonstrate outcome. Meetings can focus on a variety of purposes such as identifying strengths, challenges, and solutions; developing peer support/relationships; safeguarding against burnout/isolation; and developing services and recommending changes. All these purposes support overall program improvement and have the potential to increase positive student outcomes.

On-going evaluation of program effectiveness and the development of evidence-based practices by collaborative teams has the potential to generalize what is learned to a larger population of students, families, and perhaps whole schools. Schools may be the only means of accessing mental health services for some students, and teams with cohesion and flexible, yet capable team members can impact the larger school community by influencing greater system change.

The following classroom elements and environmental examples outline practices of a collaborative team based on planning, monitoring, reflecting, and refining practices and processes.

Classroom Elements

5.0 Integrated teaming and 1:1 collaboration between teacher and clinician are used to ***plan*** for whole-class and individual education programs.	
Environmental examples: ● The team has a mission, and/or clearly identified purpose/s able to share with others. ● Success for each student is defined and easily communicated to staff and parents. ● Group norms are developed for and reviewed at meetings (resource 1). ● Team members learn from each other through planned formal and informal staff development. ● Team members have opportunities to socialize and develop relationships. ● The team agrees on common language and approaches to use with individual students.	
Teacher role examples: ● Communicates classroom mission/purpose to school and parent community. ● IEP goals are shared with classroom and relevant school staff. ● Teacher and clinician work together to plan and lead staff development with paraprofessionals.	Clinician role examples: ● Communicates classroom mission/purpose to school and parent community. ● Social/emotional objectives are shared with classroom and relevant school staff. ● Teacher and clinician work together to plan and lead staff development with paraprofessionals. ● Models and reinforces use of common language and approaches, 'in the milieu.'

5.1 A variety of observational and data collection systems are used to ***monitor*** staff fidelity to shared approach and student response to intervention.	
Environmental examples: ● There is routine data collection on IEP (BIP, DTP) and treatment plan goals. ● Student binders or portfolios exist for all staff to participate in collecting student work samples, and collecting observational and performance data. ● Individual and group data is collected on effectiveness of intervention strategies. ● Team members provide feedback to each other about performance and effectiveness (resource 2). ● Team members listen to each other's concerns and share challenges with each other.	
Teacher role examples: ● Prepare and organize data collection systems such as clipboards and/or binders. ● Regularly update data collection systems, delegate responsibilities to classroom staff, and keep IEP benchmark progress up to date.	Clinician role examples: ● Work with the teacher to measure social/emotional growth through data collection. ● Model appropriate data collection methods for classroom staff such as making non-judgmental observations (resource 3).

	• Facilitate team meetings where staff share concerns, listen to each other, and give feedback in a safe, non-judgmental manner.

5.2 Members of the integrated team routinely review varied data and anecdotal observations as a way to ***reflect*** on program effectiveness and student outcomes.	
Environmental examples: • Team members know student goals and can compare present levels to desired outcome. • Questioning/inquiry and dialogue are strategies used by the team to solve problems (resource 4). • Program strengths and challenges are regularly discussed as a way to improve practice. • Team discusses the least restrictive environment for each student. • Team meets regularly to seek and give support to each other/provide self-care.	
Teacher role examples: • Open-ended questioning is modeled for staff, such as: "How can we provide appropriate choice during academic instruction?" as a way to think about program effectiveness. • Meeting agendas include opportunities for the team to review events and consider alternatives, such as providing training on behavior reports and using them as a reflective tool.	Clinician role examples: • Dialogue is modeled for staff as a way to think and look at issues together (resource 5). • Reflective practice is modeled through examining one's assumptions, beliefs, and values and how those inform our thinking and acting (resource 6, 7). • Check in with classroom staff during the day to provide breaks and/or teaching of self-regulation/self-care techniques.

5.3 As classroom leaders, the teacher and clinician routinely share decision making to ***refine*** individual and classroom practices.	
Environmental examples: • Team members share ideas with each other and make suggestions. • Team members encourage each other and support innovation. • Feedback is considered when developing changes to individual and classroom practices. • The team identifies needs and requests specific support from school administration. • Team members take opportunities to build their own capacity through professional development and taking on reasonable challenges/new roles.	
Teacher role examples: • Provide a way for classroom staff to share ideas and make suggestions	Clinician role examples: • Group norms are regularly reviewed to assure team members have a shared

throughout the day such as a communication binder or group to-do list. ● Group norms are regularly reviewed to assure team members have a shared understanding of their “team-ness” and how to have input. ● Professional development opportunities are shared with paraprofessional staff.	understanding of their “team-ness” and how to have input. ● Provide a way for classroom staff to positively acknowledge each other’s ideas and actions.

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Program Foundation 6
Emotional Regulation

Emotional regulation refers to “the capacity to tolerate the sensations of distress that accompany an unmet need” (Perry, n.d.). This ability touches all areas of a child’s life and has a major influence on his or her academic and social success. According to Alvord & Grados (2005) (cited in Bath, 2008), “the ability to manage emotions adaptively or to self-regulate is one of the most fundamental protective factors for healthy development.” This ability allows a child to maintain their composure in the face of emotional discomfort and respond appropriately when the inevitable emotional challenges of life surface.

Children are not born with an innate ability to regulate their emotions. Rather, the process begins with external regulation from an attuned caregiver. When a baby’s cries are soothed by an attuned adult, the process of emotional regulation development begins. As this process repeats over the course of development, the child becomes better able to tolerate distressing situations. This process also creates a positive attachment with the caregiver which becomes critical for the child’s future social and relational success.

However, many factors such as “genetic predisposition, developmental insults (such as lack of oxygen in utero), or exposure to chaos, threats, and violence” (Perry, n.d.) cause major disruptions to a child’s capacity to self-regulate and therefore build meaningful attachments with others. According to Perry (2002), “Children who struggle with self-regulation are more reactive, immature, impressionable, and more easily overwhelmed by threats and violence.” Because repeated exposure to traumatic stress during critical developmental periods causes a highly sensitive threat response system, even the most novel interactions can cause a child to lose control of their emotional composure. A child may seem perfectly fine prior to a behavioral incident, but in reality he or she is operating on the edge of their regulation capacity (resource 3).

Therefore, it is critical that a primary focus of support for children with emotional or behavioral disorders needs to be on teaching and supporting them to learn new ways of effectively managing their emotions and impulses (Bath, 2008). As a result of their traumatic experiences, children often struggle with emotional identification in themselves as well as others.This may present as being overly/insufficiently attuned to emotional cues, or inaccuracy reading the emotional cues of others with “overperception of negative affect” (Blaustein, M. & Kinniburgh, K., 2010).

Children must be taught how to identify the bodily and sensory experiences attached to emotions in themselves as well as others (resources 1, 2, 7). Along with this awareness, children must be explicitly taught strategies to soothe themselves when feeling distressed. These skills cannot be taught in the midst of an emotional incident, but instead must be introduced, modeled, and practiced so that the skill is familiar to the child in critical times of need.

The following classroom elements are intended to provide a framework to help support children learn to regulate and navigate their emotional world with greater success.

Classroom Elements

6.0 Staff actively support students in emotion identification (resources 4-7).	
Environmental examples: ● Staff model affect awareness/physiological connections with students: “I’m feeling sad today. I can tell because I don’t have energy. My face is scrunched and sad thoughts keep going through my head.” ● Staff infer student emotions through observation and engage in dialogue about the emotion. “Kevin, you are pacing the classroom and breaking pencils. Your fists are clenched and your face is tight. It seems like you are really angry right now.” ● Staff engage students in practice identifying emotions in others. “Your friend Sam is by himself on the bench looking down and frowning. How do you think he is feeling?” ● Emotion words/pictures are posted in the classroom. ● Social-Emotional Learning curriculum used regularly to reinforce emotional awareness.	
Teacher role examples: ● Generalization of emotion awareness in instruction. For example, in language arts, ask students to reflect on how a certain character may feel and why this may be the case. ● Model identifying your own feelings to the class throughout the school day.	Clinician role examples: ● Explicitly teach students emotion identification in themselves and how to read it in other people. ● Teach/model emotional awareness strategies for classroom staff so a common language is used with students.

6.1 Staff help develop student ability to self-regulate emotional experience through building awareness of physiological symptoms (external and internal body cues) and practicing regulation strategies (resource 1 & 2).	
Environmental examples: ● Staff support student in self-identification of emotional state based on physiological cues (heart rate, internal body awareness). “Jack, check in with your body. How are you feeling right now?” “Sam, how’s your engine running right now?” ● Staff support students in identifying subtle changes in physiological and emotional states. ● Staff take time to explore and practice self-regulation strategies with students when students are not dysregulated so that effective strategies are available and familiar when students need to use them. ● Examples of self-regulation strategies are posted in multiple places in the classroom and practiced routinely.	
Teacher role examples: ● Model his or her own arousal level reflection for the students as well as appropriate regulation strategies (taking deep breaths, body movement,	Clinician role examples: ● Develop and practice 5-point scales with students to help them identify their arousal signs and appropriate responses.

positive visualization, etc.). ● Teacher and support staff wear 5-point scale lanyards or have 5-point scales available in multiple environments so that students have ample opportunity to communicate their arousal levels. ● Prompt students to use emotional regulation strategies when they appear to be struggling.	● Share developed strategies with teacher and other classroom staff so specific verbiage and regulation strategies are used with each student. ● Model his or her own arousal level reflection for the students as well as appropriate regulation strategies (taking deep breaths, body movement, positive visualization, etc.).

6.2 Build child ability to effectively communicate and express emotional experience.	
Environmental examples: ● Staff support students in appropriate emotion expression through prompting, redirection, and modeling. “Leyna, instead saying go the F#%& AWAY to Frank you could tell him to give you space.” “James, can you restate that using an “I” message?” ● Help students understand why communicating emotions is important. For example being able to identify emotions and appropriately communicate them allows the student to access support and maintain relationships. ● Through attunement and rapport building, support students in identifying a safe staff person they feel comfortable expressing their feelings. ● Teach students nonverbal as well as verbal ways to communicate their emotional needs. Nonverbal communication tools could include hand gestures, eye contact, and/or 5-point scales that children can point to.	
● Collaborate with clinician on replacement language and phrases students are learning so prompting and generalization can occur outside of the clinical setting. ● Reinforce children with specific praise when they use replacement language and express feelings appropriately. ● Support classroom staff in using agreed upon redirection to replacement word strategies.	● Through group and individual counseling, help students explore and rehearse replacement language and phrases to more effectively communicate their feelings. ● Through group and individual counseling, help students understand why these skills are important (e.g., to maintain relationships, to be able get help without disrupting the classroom). ● Communicate strategies to other classroom staff so that all team members can support prompting and generalization of replacement language and phrases.

<table>
<tr><td colspan="2">6.3 There is a designated area or areas for students to go when they are struggling with self-regulation. These areas are equipped with self-calming strategies that the students have been taught how to use and have practiced (resources 1, 2, 7).</td></tr>
<tr><td colspan="2">Environmental examples:
Common language for self-management is infused into classroom procedures, e.g. “reset.”
Student self-rating scales are utilized consistently.
Regrouping procedures are explicitly taught to students, modeled, and practiced, e.g., student can reset at desk, at the door, outside, or in designated place in classroom.
Regrouping areas are clearly identified.
All staff are familiar with steps for regrouping.
Staff redirect to regrouping procedures as warranted.</td></tr>
<tr><td>Teacher role examples:
Teach and review procedures for self-management and utilizing regrouping.
Ensure staff, administration, and caregivers are aware of procedures.
Encourage and positively reinforce use of appropriate self-management and regrouping (no consequences for use of skill).
Provide opportunity for students to practice regulation strategies when they are not dysregulated.</td><td>Clinician role examples:
Teach and review procedures for utilizing regrouping during individual and group, as appropriate.
Ensure staff, administration, and caregivers are aware of procedures.
Encourage and positively reinforce use of appropriate regrouping.
Provide opportunity for students to practice regulation strategies when they are not dysregulated.</td></tr>
</table>

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Program Foundation 7
Structure and Routine

Structure and routine are an integral part of how an effective classroom functions. The structure of a classroom is composed of the physical setting within the classroom and the procedures and routines that create effective use of the environment. Students with emotional regulation deficits and behavioral difficulties require external organization and structure within the learning environment to support their ability to be present, calm, and feel safe. Classroom procedure and routines that are explicitly, clearly, consistently, and succinctly implemented across the educational day will decrease student anxiety, increase the ability to concentrate, and decrease wasted instructional time.

The ultimate goal is that the classroom environment not contribute to problem behaviors. There may be environmental triggers that create, impact, and add to unwanted student behavior. Therefore, structure and routine help to decrease negative behavior. Designing an effective classroom environment, including the structural components, should strive to decrease or remove as many environmental triggers of difficult behavior as possible (Epstein, Cullinan, & Weaver, 2008).

A mistake that is commonly made is believing that students need to learn to function within the environment that teachers design. However, the structure of a classroom should be developed to meet all students' individual needs. Teaching requires that the classroom environment be flexible enough to support individual students, but provides a structured and predictable framework within which learning occurs.

In addition to supporting the ability to teach academic content, implementation of strategies that create a predictable classroom will decrease unwanted student behavior and can create educational momentum that functions to teach students appropriate behaviors. This preventative approach to behavior and classroom management decreases the need for punitive reactions to behaviors because the design of the physical and environmental classroom proactively shows students what is expected.

In order for classroom structures to be highly effective they must be an ever-present part of the moment-to-moment workings of the environment. A posted classroom schedule, effective staff scheduling, the use of cueing systems, functional classroom set-up, and the implementation of individual schedules when needed are the components to an effectively-structured classroom.

The following classroom elements and environmental examples outline practices of structure and routine in a classroom.

Classroom Elements

7.0 There is a consistent, predictable classroom schedule posted in a visible area that organizes the day in the most productive way possible.

Environmental examples:

- The classroom schedule (resource 1) should attend to the therapeutic needs of the students.
- The classroom schedule includes daily opportunity for students to receive direct instruction in standards-based academic content areas, IEP goal specific instruction, group and independent academic activities, social/emotional instruction, and opportunity to earn reinforcement for appropriate behavior.
- A daily schedule is posted in an area of the classroom that all can clearly see.
- The classroom schedule includes the activity or subject and the time that each activity or class will occur.
- As needed, there are agendas posted within subject topics or classes to provide specificity of what will occur during the time period (i.e., what happens during "2nd period math").
- All parts of the day are scheduled including recesses/lunches, choice/free time, and transition times.
- The schedule is reviewed with students *at least* at the beginning of the day.
- The schedule is followed by classroom staff.
- When there are changes to any part of the schedule, it is discussed with the class, as soon as possible, and is noted on the posted schedule.
- There is the use timers, both visual and auditory, to signal the start and end of each activity on the daily schedule.

Teacher role examples:

- Determine most appropriate organization to the educational day to determine the daily schedule.
- Create, or assign the creation of, the visual schedule.
- Review the classroom schedule and any changes with staff each day.
- Maintain the consistent implementation of a predictable schedule.
- Review the classroom schedule, and any changes, with students each morning.
- Keep track of the time and pace activities to remain on-schedule.
- Make adjustments to the schedule as appropriately determined by data-based collaborative decision making.

Clinician role examples:

- Consult with the teacher in discussing the organization of the classroom schedule as it relates to student therapeutic needs.
- Review the schedule with students, as needed, especially to support emotional regulation.
- Support classroom staff in following the schedule.

7.1 There is a staff schedule (resource 2) posted outlining staff duties.	
• Environmental examples: • Each staff member's lunch and breaks • Each staff member's arrival and finish time • Staff assignments (resource 2) – by location and/or by student(s) needing support – for each part of the day are included. • Classroom procedural and organizational duties are determined and posted, in staff-only location (i.e., work preparation, data collection, cleaning/organizing). • Schedule includes opportunities for students to access individual and group counseling sessions. • Schedule includes what is being taught, and by whom, for all small group lessons and/or work sessions.	
Teacher role examples: • Create and design staff schedules that adhere to contract hours and meet student needs. • Post schedule. • Address concerns with staff about assignments. • Change and adapt the schedule as necessary. • Design curriculum and determine who will teach/supervise students. • Provide class schedule to general education teachers and administrators as needed.	Clinician role examples: • Be aware of all staff assignments and support the teacher in all staff members being in assigned/designated locations. • Run group at determined times. • Post scheduled individual session times for each student to access counseling. • Assist with addressing staff concerns about assignments.

7.2 Specific and consistent cueing systems (resource 3) are used to gain or release student attention to ensure smooth transitions.
Environmental examples: • Cueing systems are established to get student attention (i.e., auditory or visual signal cues "freeze and look") and are used in place of individual student redirection. • Cueing system(s) are taught and reviewed daily to ensure students and staff understand the procedure. • Visual supports of the cueing procedure are posted and referred to by staff and students. • When cueing system is implemented (i.e., signal is given), classroom staff support all students and wait for appropriate student responses (i.e., looking quietly and sitting/standing still). • Students are reminded to follow the cueing procedure, and show compliance before moving on with task, instruction or transition.

Teacher role examples: • Determine what cueing system will be used (i.e., which auditory or visual procedures are used). • Teach students and staff cueing procedure. • Use cueing system consistently for all transitions and necessary situations to gain student attention. • Determine when/if support staff in the classroom use cueing system. • Re-teach and review procedures when students are not consistently responding.	Clinician role examples: • Collaborate with the teacher to determine the most appropriate auditory/visual cueing system that will be accessible (emotionally) for all students. • Model and reinforce appropriate response to cueing system when in the classroom. • Use the same cueing system in individual/group sessions and when necessary during student interactions, in and out of the classroom.

7.3 Each classroom environment has a clear function or purpose.	
Environmental examples: • There are designated areas within the classroom that are physically separated furniture, floor tape or by structure of the room. • Instruction and/or activities occur in specific areas of the classroom and are predictable by location (i.e., reading table or small group station). • There is an area designated for student use for breaks/resetting within the classroom that is different from any area used for academic instruction. • Locations are clearly identified where choice time activities occur. • There is an area designated for staff personal items. • There is an assigned area for student personal items. • There are posted expectations for what does and does not occur within each classroom environment.	
Teacher role examples: • Design and determine how the classroom is physically set-up so that all space is effectively used. • Assign each area of the classroom with its function and what is/is not permissible within that location.	Clinician role examples: • Collaborate with the teacher in determining the most effective design of the areas of the classroom. • Support the teacher in upholding the expectations within each classroom environment.

7.4 Targeted students have individual schedules or routines (resource 4) which are reviewed and used as a tool to provide an intensified level of support for students needing additional organizational and planning skills.
Environmental examples: • Students who struggle to follow the classroom schedule may have a smaller version of the schedule within their workspace to reference, especially before transitions. • Individual schedules are accessible to students with the schedule of classes or periods of time outside of the special education classroom (i.e., mainstreaming) and DIS services. • Individual schedules may be provided that outline each separate task within activities of the day (i.e., reading group or math) to support planning and organization to increase task completion. These schedules would be reviewed individually with students prior to starting the activity and would be reinforced upon completion.

Teacher role examples: • Collaborate with staff to determine which students are in need of individual schedules. • Create, or designate the creation of, individual schedules. • Explicitly teach students how/when to use individual schedules. • Review or assign staff to review individual schedules with students throughout the day. • Support student by referencing the individual schedule when redirection is needed.	Clinician role examples: • Collaborate with the teacher to determine students who would benefit from the use of an individual schedule, especially when needed to support regulation. • Reinforce the use of individual schedules during individual/group sessions and when in the classroom. • Support student by referencing the individual schedule when redirection is needed.

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