



# Meet Karla

- 16 years old
- History of trauma
- Unstable family situation
- Suspended multiple times for violent behavior
- Has a behavioral disorder
- Suffers from anxiety, PTSD
- Loves art
- Has enormous potential

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Karla has been a student in a Northeast Metro 916 school for more than two years. She has made small improvements during that time, but **this year was different.**

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The staff development grant gave Karla everything she needed to be successful:

- Targeted services that meet her specific needs (MTSS)
- Meaningful relationships with trusted adults (TCIT)
- Early interventions before a crisis strikes (PCM)
- Access to a mental health practitioner who understands adolescents
- Teachers who understand the effects of trauma.

Now Karla's school experience is completely different.

- Karla is back at her neighborhood school part-time
- Earned A's in social studies and science
- Has not had any violent incidents
- Considering extracurricular art opportunities
- Has sights on graduation and college

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We **know** what works.

Future students and staff **deserve** these same outcomes.

Make staff development grant funding permanent.

# Pathway to success for students with high needs

**5** The new 916 program is a last resort for students so they can get the help they need to return to the classroom as soon as possible.

**New innovative 916 program**  
 A very small percentage of students who are not successful in 916's regular programs will be temporarily referred to the integrated mental health program until they are stabilized.

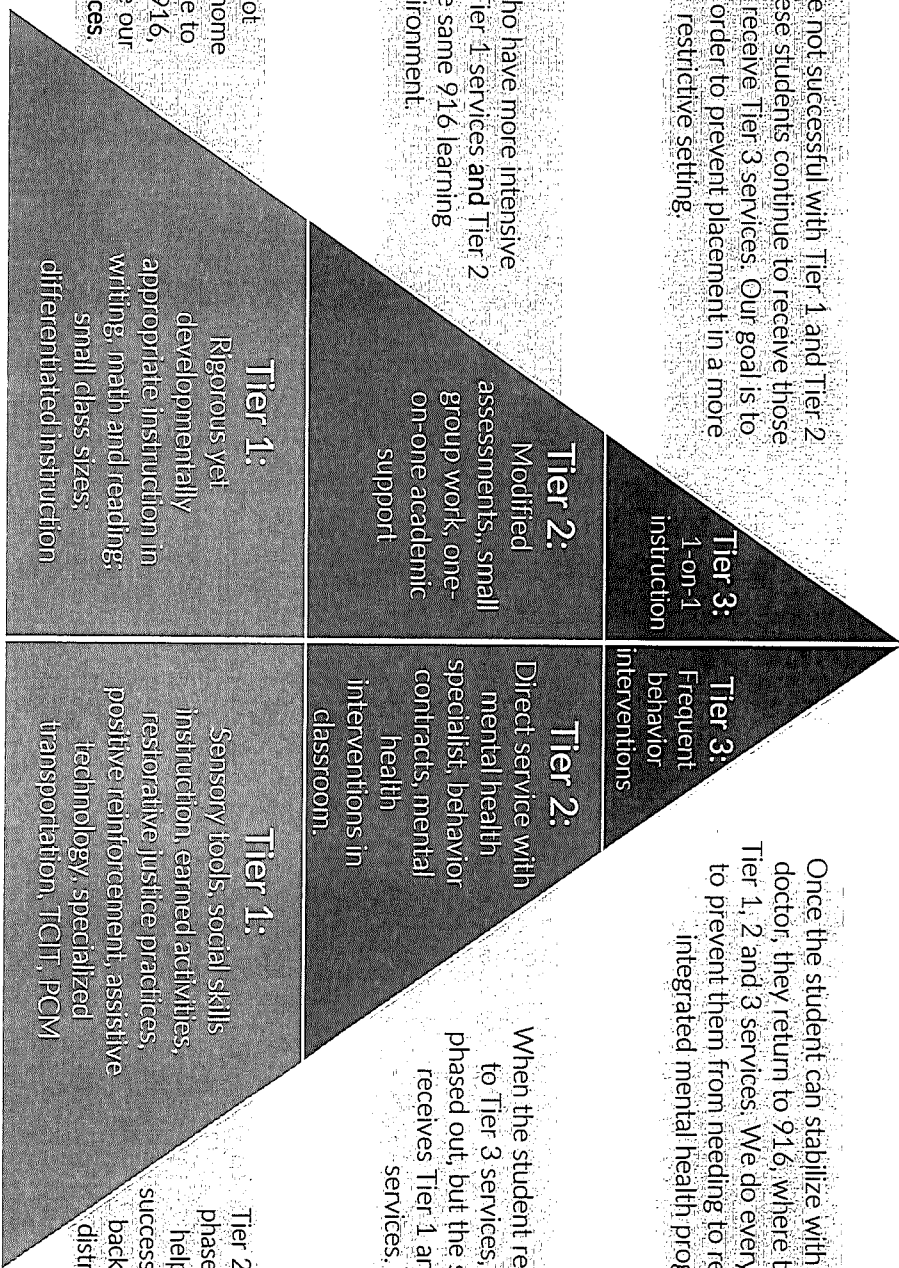
**4** A few students are not successful with Tier 1 and Tier 2 services alone. These students continue to receive those services, and also receive Tier 3 services. Our goal is to intervene early in order to prevent placement in a more restrictive setting.

Once the student can stabilize with help from a doctor, they return to 916, where they receive Tier 1, 2 and 3 services. We do everything we can to prevent them from needing to return to the integrated mental health program.

**3** Some students who have more intensive needs receive all Tier 1 services and Tier 2 services in the same 916 learning environment.

When the student responds well to Tier 3 services, they are phased out, but the student still receives Tier 1 and Tier 2 services.

**2** If students are not successful in their home districts, they come to Northeast Metro 916, where they receive our expert Tier 1 services



Tier 2 services are phased out, which helps students successfully transition back to member district schools.

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**Member district school**  
 Our goal is always for a student to return to their home district school, and we work hard to ensure they can be successful there. In this setting, a student spends at least part of the day learning with his or her typically-developing peers in Level I, II or III special education programs.

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# Teacher Child Interaction Training



## About TCIT

Teacher-Child Interaction Training – Universal (TCIT – U) is a professional development, train-the-trainer-model, designed to strengthen teacher-child relationship skills.

- Adapted from Dr. Sheila Eyberg's Parent-Child Interaction Therapy (PCIT), an evidence-based treatment for children aged 2-7 years with disruptive behavior.
- Incorporates the core principles and goals of PCIT while attending to the unique dynamics of the classroom.
- Application for the whole classroom, including both teachers and classroom support staff.
- Has shown promise as a universal intervention model for mainstream students and those with IEPs in childcare, pre-school and early elementary classrooms.
- Focuses on strengthening the development of all children in the classroom, including those with special needs and those not yet identified as in need of intervention.

## What teachers learn

- A. The background, underlying theory, and components of TCIT-U
- B. Methods of measuring teacher and child skill acquisition
- C. Evidenced-based strategies for building positive teacher-child relationships
- D. Research-grounded techniques for addressing disruptive and attention-seeking behaviors
- E. Manualized approach to delivering TCIT-U, including didactic instruction and in vivo coaching of teachers interacting with children
- F. Procedures for individualizing skill use to meet behavior goals for students with special needs

## What is Professional Crisis Management?

Developed by board certified behavior analysts and recognized as the first applied behavior analysis-based system of crisis management, Professional Crisis Management (PCM) is a comprehensive, research-based system that provides powerful strategies to prevent and diffuse dangerous behaviors. Unlike other methods that teach techniques to use only after individuals have become non-compliant, agitated or aggressive; PCM focuses primarily on prevention before a crisis occurs, and even before the individual's behavior is escalated.

PCM is a complete crisis management system that includes a full range of strategies and procedures targeting a wide spectrum of adaptive functioning (positive and productive behaviors) and maladaptive functioning (aggressive and self-injurious behaviors). The PCM system is highly customizable based on organizational preferences. Organizations can choose non-physical strategies only, and/or various levels of physical interventions. Unlike stand-alone approaches, PCM supports and integrates smoothly with existing educational and treatment programming.

PCM was developed with individual dignity and safety of paramount concern. PCM physical procedures use sound body mechanics and avoid uncomfortable or awkward body positions that can escalate behavior. Other crisis management systems include procedures that can restrict breathing. PCM procedures involve no contact with vital areas including the head, neck, and torso yet they are extremely effective and secure.

## Who can benefit from PCM?

PCM produces successful outcomes with children, adolescents, and adults in a variety of settings, and is effective whether individuals have good, poor or no verbal skills at all. Unlike other crisis management systems, PCM offers effective strategies for intervening with persons over a wide range of intellectual functioning.

- Psychiatric disorders
- Developmental disabilities
- Traumatic brain injury
- Behavior disorders including aggression and self-injury
- Special and regular education



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**ETHICALLY PRINCIPLED** and bio-mechanically safe, PCM incorporates aspects of multiple disciplines including non-coercive behavior analytic teaching methodologies, positive behavior support strategies, biofeedback strategies and client-centered therapies. All strategies are compatible with and support existing behavioral programming, and emphasize least restrictive/most effective methods.

## Where can PCM be used?



- Regular and special education schools
- Developmental centers
- Group homes and community residential settings
- Psychiatric hospitals
- Foster care homes
- Day treatment centers

*“I am so glad that our agency made the change to PCM. Not only can our staff safely and effectively implement physical procedures, but they are also knowledgeable of prevention and de-escalation strategies. The continuum of procedures allows us to intervene at the appropriate level and use the least restrictive intervention possible. Since implementing PCM, our frequency of restraints has steadily declined. I would highly recommend PCM as it provides highly effective strategies in managing individuals with challenging behaviors.”*

— Amber Bruns, MA, BCBA  
Behavior Coordinator  
Children’s Care Hospital and School  
Sioux Falls, South Dakota

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