

**Coping with Stress in a Stressful World: Teaching Students How to Manage Their Emotions, Thoughts, and Behavior**

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Project ACHIEVE Educational Solutions

**Session IV**

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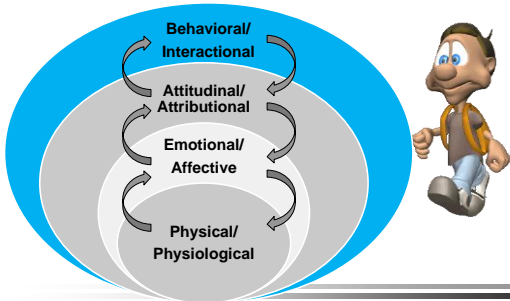
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Last Time:

**The Physical, Emotional, Cognitive, Behavioral Connection**



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Last Time:

## Teaching Emotional Self-Management

### Three Interdependent Components:

- Emotional Awareness
- Emotional Control
- Emotional Coping



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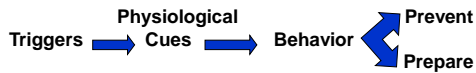
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Last Time:

## Teaching Emotional-Control

### The Emotional Control Paradigm:



Emotional Control can be demonstrated as long as a person is not past the "Physiological Point of No Return"

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Last Time:

## Emotional-Behavioral Scripting

Awareness of Emotionally Triggering Situation  
Awareness of Physiological Cue/Reaction



"I need to Stop & Think, Make a Good Choice, and Take my Deep Breaths."

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Last Time:

### Teaching Social, Emotional, and Behavioral Skills: Social Learning Theory's Methodology

- Teach the Scripts and Skills
- Model
- Role Play
- Performance Feedback
- Transfer of Training



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### Session Overview

- Teaching Students Social, Emotional, and Behavioral Self-Management/Self-Regulation Skills (Continued)
- Data-based Root Cause Analyses
- Strategic or Intensive Services, Supports, Strategies, or Interventions
- Adult-Directed Strategies for De-escalation

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**Teaching Students Self-Control**

**The Emotional Reaction Paradigm:**

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    graph LR
      Triggers --> PC[Physiological Cues]
      PC --> Behavior
      Behavior --> Prevent
      Behavior --> Prepare
  
```

**Video: Watch Fors—**

- \*\* Identification of Student Triggers
- \*\* Identification of Student Physiological Cues
- \*\* The Approaches used for De-escalation
- \*\* Peer Interactions/Responses

Student Out of Control

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**Please Stop the Tape  
and Take Some Time  
to Write Down  
Your Thoughts about  
these Questions**

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## Stop & Think Video Break. . .

Grade 5 Stop & Think Social Skill Lesson Tape  
Dealing with Anger 7:53 to 23:30



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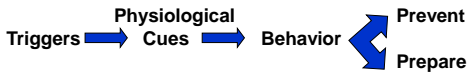
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## Teaching Emotional Self-Control

The Emotional Reaction Paradigm:



**Video: Watch Fors—**

- \*\* Identification of Student Triggers
- \*\* Identification of Student Physiological Cues
- \*\* Relaxation Step in the Stop & Think
- \*\* Roleplay "Under Conditions of Emotionality"

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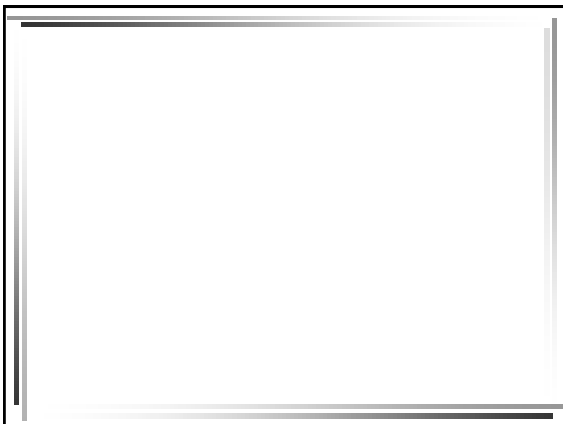
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## Moving to Tiers 2 and 3

- Strategic or Intensive social, emotional, and behavioral services, supports, strategies, and interventions must be based on the results of reliable and valid data-based functional assessments.



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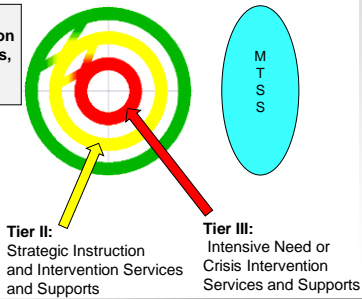
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## Social, Emotional, and Behavioral Self-Regulation Assessment to Intervention

Social, Emotional, & Behavioral Instruction & Services, Supports, Strategies, & Intervention



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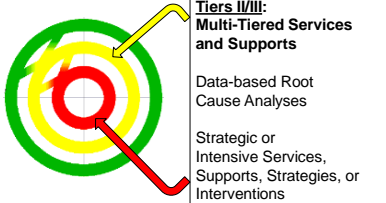
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## Social, Emotional, and Behavioral Self-Regulation Assessment to Intervention

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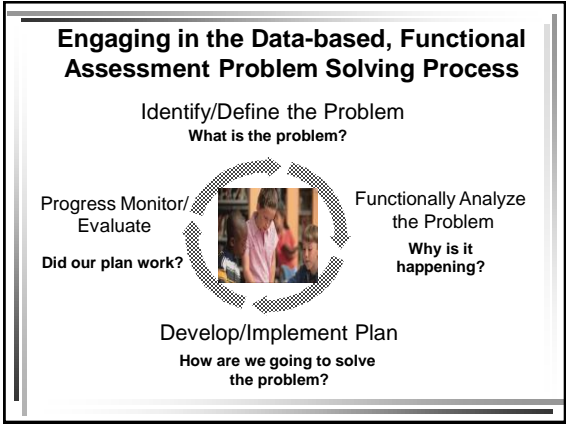
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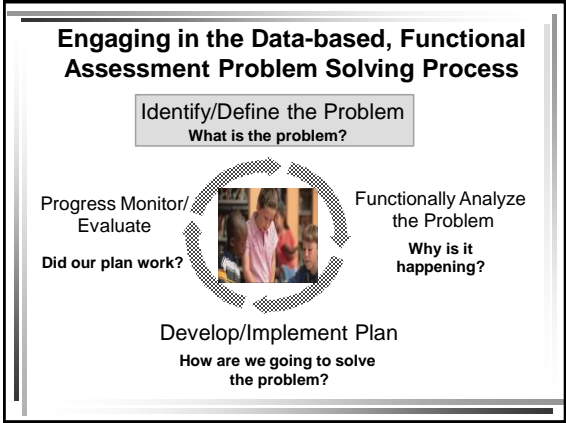
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- Initial Problem Identification/Analysis Steps**  
"First Things First"
- ❖ Consider, Describe, and Quantify Initial Concerns
  - ❖ Review of Records
  - ❖ Determine the Student's Current Classroom Status:  
Academic/Behavioral Progress and Work Samples  
Scope & Sequence Checklist (academic concern)  
Behavioral Checklist (academic and behavioral concern)
  - ❖ Parent Contact(s)/Interview(s)– Determine Need for Social-Developmental History
  - ❖ Previous Teacher/Other Interview(s)
  - ❖ Discount the Medical
  - ❖ Classroom Observations

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## Initial Problem Identification “Outcomes”

- ❖ Identify Student Assets and Weaknesses
- ❖ Identify Critical Life Events, Milestones, Circumstances (Positive and Negative)
- ❖ Discount/Identify Medical, Physiological, Genetic, Biochemical Status, Circumstances, Events
- ❖ Identify Academic and Social-Emotional/Behavioral “Speed of Acquisition”/Developmental Progression
- ❖ Identify Issues of Attendance, Poor Instruction, School and/or Curricular Moves/Transitions

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## Engaging in the Data-based, Functional Assessment Problem Solving Process

Identify/Define the Problem  
What is the problem?

Progress Monitor/  
Evaluate

Did our plan work?



Functionally Analyze  
the Problem

Why is it  
happening?

Develop/Implement Plan  
How are we going to solve  
the problem?

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## When Students do not Succeed:

We Need to Analyze their  
Instructional Environments

### Teacher-Instructional

**Factors:**  
Are teachers  
well-matched  
to their  
students and  
curricula?



**Student Factors:**  
Are students prepared  
and “programmed”  
for success?

**Curricular Factors:**  
Are curricula  
well-matched to  
students and teachers?

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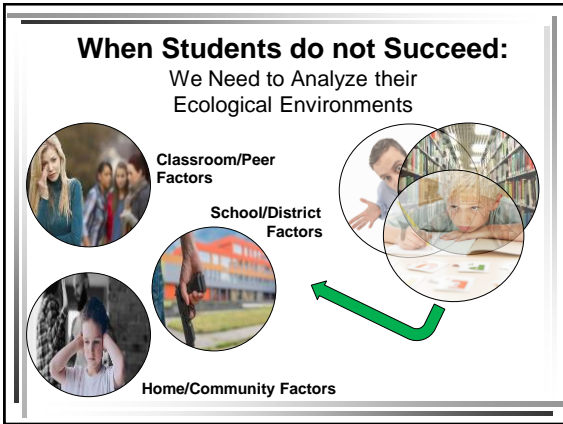
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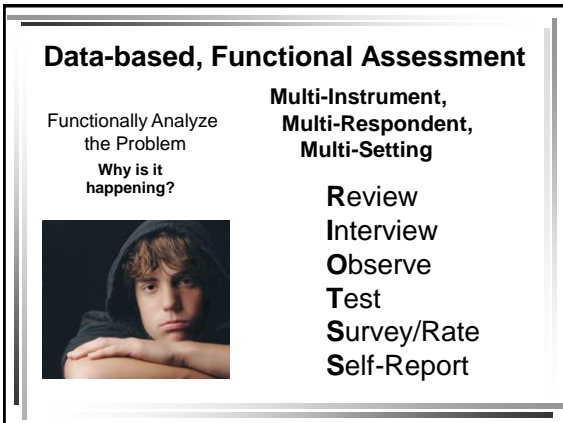
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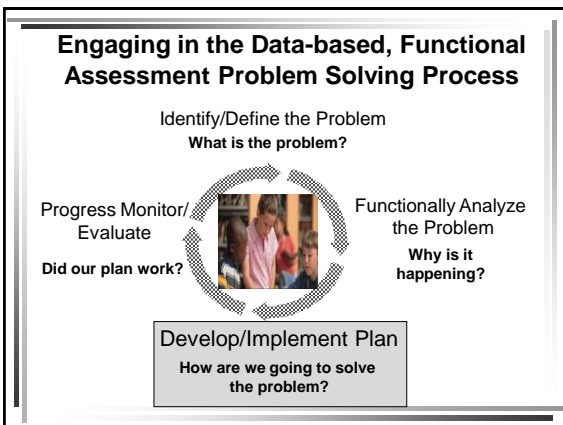
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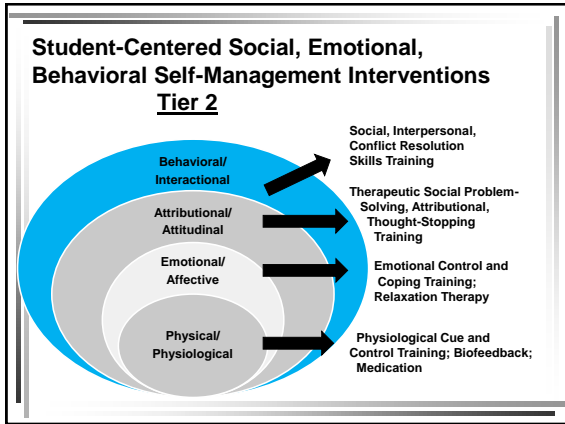
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### Tier 2: Strategic Emotional Control Interventions, Services, and Supports

**Relationship/Mentoring Interventions**  
Check-In/Check-Out  
Check and Connect

**Tier II Emotional Self-Regulation Skill Instruction Interventions**  
Small Group Social Skills/Socialization Training  
Emotional Self-Management (Self-awareness, Self-instruction, Self-monitoring, Self-evaluation, and Self-reinforcement) Training  
Relaxation/Emotional Control Training  
Cognitive-Behavioral Training in Emotional Self-Control/Self-Regulation  
Self-Talk and Attribution (Re)Training  
Thought Stopping approaches  
Anger Control and Management Therapy (ART)

**Special Situation Interventions**  
Self-Concept, Divorce, Loss, Teasing/Bullying, Stress/PTSD Groups/Interventions

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### Student-Centered Social, Emotional, Behavioral Self-Management Interventions Tier 2 to Tier 3:

Progressive Muscle Relaxation Therapy  
Systematic Desensitization  
Anger Replacement Therapy

Trauma-Related Evidence-based Interventions

Trauma-focused Cognitive-Behavioral Therapy (Ages 3 to 17)  
Parent-Child Interaction Therapy  
Cognitive-Behavioral Intervention for Trauma in Schools (CBITS)  
Culturally-Modified Trauma-Focused Treatment  
Parent-led, Therapist-assisted, Trauma-focused Cognitive Behavioral Therapy (PTA-TF-CBT)

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### Tier 3: Intensive Emotional Control Interventions, Services, and Supports

Tier 2 Interventions that require:

More Frequency, Intensity, Specialization, Clinical Expertise, Braiding

- Progressive Muscle Relaxation Therapy
- Systematic Desensitization
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- Cognitive-Behavioral Intervention for Trauma in Schools (CBITS)
- Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)
- Trauma Systems Therapy (TST)
- Drug/Psychiatric Intervention
- Intensive Wrap-Around/System of Care Programming



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### Questions & Discussion . . . . .

- How well defined is your school's multi-tiered process?
- How comprehensive is your availability of services and interventions?
- Do you have the right players on your team, and are they available to your team?



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**Please Stop the Tape and Take Some Time to Write Down Your Thoughts about these Questions**

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## Trauma-Related Therapies

Trauma-Focused Cognitive-Behavior Therapy

Cognitive-Behavioral Intervention for Trauma in Schools

Structured Psychotherapy for Adolescents Responding to Chronic Stress

Trauma Systems Therapy



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### Tier 2/3: Stress or Trauma-Related Cognitive-Behavioral Therapies for Schools

#### Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

- TF-CBT is a short-term individual treatment that involves sessions with children and adolescents (ages 4 to 18) and their parents—as well as parent-only sessions. TF-CBT is for students who have significant behavioral or emotional problems related to traumatic life events, even if they do not meet the full diagnostic criteria for PTSD (Post Traumatic Stress Disorder).
- The primary goal of TF-CBT is to reduce PTSD symptoms (e.g., depressive symptoms, behavior problems including aggression and inappropriate sexual behaviors, and unhelpful thoughts and feelings—such as cognitive distortions, guilt, and shame) among children and adolescents using cognitive-behavioral principles and techniques. Originally designed to address child sexual abuse, TF-CBT has also been applied to a broad range of traumatic events, such as other forms of child maltreatment, domestic violence, community violence, accidents, natural disasters, war, and other events involving traumatic loss.

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### Tier 2/3: Stress or Trauma-Related Cognitive-Behavioral Therapies for Schools

#### Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

- Through 12 to 16 weekly clinic-based individual sessions, TF-CBT helps students to process through their traumatic memories and distressing feelings, thoughts, and behaviors. TF-CBT also uses joint parent and student sessions to provide parenting and family communication skills training so that the approach can generalize to home settings. To help children and adolescents develop coping skills, TF-CBT providers teach students relaxation skills, affective modulation skills, and cognitive coping and restructuring skills.

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### Tier 2/3: Stress or Trauma-Related Cognitive-Behavioral Therapies for Schools

#### Cognitive-Behavioral Intervention for Trauma in Schools (CBITS)

- CBITS is a school-based, group and individual intervention designed to reduce symptoms of post-traumatic stress disorder (PTSD), depression, and behavioral problems, and to improve functioning, grades and attendance, peer and parent support, and coping skills. It has been used with 5th through 12th grade students who have witnessed or experienced traumatic life events such as community and school violence, accidents and injuries, physical abuse and domestic violence, and natural and man-made disasters.
- CBITS uses cognitive-behavioral techniques (e.g., psychoeducation, relaxation, social problem solving, cognitive restructuring, and exposure) in ten group sessions and one to three individual sessions. It also includes a parent and teacher psychoeducation component.

[Manual Provided]

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### Tier 2/3: Stress or Trauma-Related Cognitive-Behavioral Therapies for Schools

#### Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)

- SPARCS is a strengths-based group model for adolescents between the ages of 12 and 21 who have been exposed to chronic trauma and/or stress (from, for example, ongoing physical abuse, community violence, sexual assault). The intervention is appropriate for traumatized adolescents with or without current/lifetime PTSD.
- SPARCS is organized in 16 one-hour sessions focus on helping participants to regulate their emotions, behaviors, and impulses; manage the physical complaints and other symptoms of chronic trauma and stress; pay attention and process information effectively; and maintain healthy relationships. The SPARCS manual has been specifically developed for use with adolescents and includes experiential activities that emphasize adolescents' increased capacity for abstract thought, as well as areas of development that are particularly relevant for teenagers (e.g. issues related to autonomy and identity).

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### Tier 2/3: Stress or Trauma-Related Cognitive-Behavioral Therapies for Schools

#### Trauma Systems Therapy (TST)

- TST is a both a clinical and an organizational model of care for traumatized children and adolescents—aged 6 to 19—to address both their emotional needs, as well as the social environments in which they live. The model focuses on breaking down barriers between service systems, understanding students' symptoms in the context of their worlds, and building on their families' strengths and goals.
- TST is implemented within an organization as a framework to coordinate the interventions implemented by its multi-disciplinary team of providers. There are three phases of treatment in TST: Safety Focused Treatment, Regulation Focused Treatment, and Beyond Trauma Treatment. While the typical treatment length is between 7 and 9 months, it also varies depending on where the student is starting from a clinical perspective.

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### Tier 2/3: Stress or Trauma-Related Cognitive-Behavioral Therapies for Schools

#### Trauma Systems Therapy (TST)

- TST has been adapted for use with several populations, including refugee and immigrant groups, substance abusing adolescents, medical trauma, school-based treatments, foster care, and residential settings. It has most often been used with children and adolescents who have experienced complex, chronic traumatic events—for example, in settings such as foster care, inpatient units, and residential treatment centers.



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### Adult-Directed Strategies for De-Escalation



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### Adult-Directed Strategies for De-Escalation

#### Train Students Beforehand (Beginning of the School Year)

- ◆ Talk to and train students in how you are going to handle future emotionally-laden situations.
- ◆ Teach/train students in a “Room Clear” or “Setting Clear” procedure.
- ◆ Use a school- or grade-level universal verbal and non-verbal Room Clear Signal.
- ◆ Include a “Code Blue” call or runner to the Office as part of the procedure.

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## Adult-Directed Strategies for De-Escalation

### Relationship Reminders

- ◆ Recognize that the student may be dealing with stressful situations that occurred prior to the incident.
- ◆ Allow the student to leave the situation or go to a quiet area if s/he requests to.
- ◆ Respect the student by taking him/her to a private or semi-private setting as soon as possible (Initially avoid the Office).

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## Adult-Directed Strategies for De-Escalation

### Relationship Reminders

- ◆ Don't appear rushed. . . Make sure the student feels heard.
- ◆ Ask open-ended questions about the incident.
- ◆ Repeat statements the student says and ask for clarification.
- ◆ Identify points of agreement.
  - "This happened, and I would feel that way too."

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## Adult-Directed Strategies for De-Escalation

### Physical Interaction Reminders

- ◆ Provide adequate personal space to the student.
- ◆ Take a non-threatening stance with your body at an angle to the student and your empty hands at your sides in plain sight.
- ◆ If you don't know the student, introduce yourself and tell him/her your position at the school.
- ◆ Avoid using sarcasm, teasing, reprimands or other negative comments

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## Adult-Directed Strategies for De-Escalation

### Social-Emotional Reminders

- ◆ Maintain a calm demeanor and steady, level voice, even if you are upset or anxious, and/or in the face of intense verbal disrespect or threats from the student.
- ◆ Speak softly and slowly step back and try to see the situation from the student's perspective.
- ◆ Speak respectfully to the student in "I" statements

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## Adult-Directed Strategies for De-Escalation

### Social-Emotional Reminders (Continued)

- ◆ Listen to what the student is saying, acknowledge that they have been heard, reflect on the student's emotional condition empathetically.
  - "You're really angry, and I want to understand why."
- ◆ Keep vocabulary simple and sentences brief to allow the student to process what you are saying.
- ◆ Allow the student time to process information.

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## Adult-Directed Strategies for De-Escalation

### Social-Emotional Reminders

- ◆ Reassure the student:
  - "You're not in trouble. This is your chance to give me your side of the story."
  - "Let's figure out how to take care of this situation in a positive way."
  - "I want to understand why you are upset so that I can know how to respond."

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## Session Review

- Teaching Students Social, Emotional, and Behavioral Self-Management/Self-Regulation Skills (Continued)
- Data-based Root Cause Analyses
- Strategic or Intensive Services, Supports, Strategies, or Interventions
- Adult-Directed Strategies for De-escalation

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