De-Escalation Training for School Personnel

Rapid Literature Review

Technical Assistance Team

As of July 23, 2021
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Executive Summary

This rapid literature review was conducted on behalf of the Department of Defense’s Office of Military Community and Family Policy’s Family Advocacy Program in response to a request for information on the following topics:

- Evidence-informed de-escalation strategies,
- Programs that intend to provide training around de-escalation strategies for educators, and
- Understanding when a school resource officer or law enforcement officer should be contacted to assist with aggressive students.

The request comes as a follow-up to the Clearinghouse for Military Family Readiness at Penn State’s (Clearinghouse) report on *Peer Aggression and Problematic Sexual Behavior in Youth: Evidence-Informed Recommendations* disseminated on March 5, 2021. In this report, peer aggression is defined as “specific intentions of harming someone of similar age, background, and/or social status (i.e., a peer)” (Frye-Cox, 2020, p. 4). For more information on the construct of peer aggression, please see the attached report *Peer Aggression and Problematic Sexual Behavior in Youth: Evidence-Informed Recommendations*.

Worldwide, peer aggression remains a problem that schools must address. According to UNICEF’s 2018 report, *An Everyday Lesson: #ENDviolence in Schools*, about half of all students globally, who are 13 to 15 years old (150 million), report experiencing peer-on-peer violence in and around school. The Department of Defense Education Activity (DoDEA) is an international educational entity, and it too encounters this type of violence. The DoDEA must confront and establish its response to peer aggression and violence in schools. Currently, there are 996,069 military-connected children in the world, and more than 69,000 (6.9%) of those children are enrolled in DoDEA schools. The DoDEA is comprised of 160 schools, which are in 11 countries, 7 states, and 2 territories, and they span 11 time zones (DoDEA, 2021).

This report seeks to provide additional information and evidence-informed guidance around the following recommendation offered in the March 5<sup>th</sup> report *Peer Aggression and Problematic Sexual Behavior in Youth: Evidence-Informed Recommendations*:

- Professionals who work with children and youth need to be educated and trained regarding peer aggression. Professionals need to know how to recognize peer aggression, how to de-escalate situations that involve aggression, and how to follow up with an aggressive child and his or her victim. Training should also include what reporting, if any, should take place (2021, p. 3).

This report addresses the above recommendation in the following elements:
• Data on the scope of the peer aggression and violence problems in schools,
• Background on de-escalation training and key components in training,
• Evidence-Informed recommendations, and
• Resources.

Note, this rapid literature review provides a preliminary examination of the research. Thus, given the brief timeline, this report is not intended to serve as a comprehensive review of the literature, and the resources provided are not endorsed by the Clearinghouse. Rather, the information about the resources is provided to help you make a data-driven decision about next steps.

Introduction

The Technical Assistance (TA) team at the Clearinghouse for Military Family Readiness at Penn State (Clearinghouse) conducted a brief, rapid literature review on de-escalation strategies that include information on evidence-informed trainings, guidelines for de-escalation, and knowing when to utilize the assistance of law enforcement in addressing peer aggression. Research that examines these topics was identified by searching peer-reviewed journal articles and grey literature, and an emphasis was placed on research published between 2010 and 2021. Search queries included various combinations of the following terms: peer aggression, de-escalation training, de-escalation techniques, crisis response, conflict resolution, strategies, children, adolescents, and Department of Defense Education Activity (DoDEA).

Scope of the Problem in Schools

While publicly available data on peer aggression that was limited only to DoDEA schools were not available, the TA team did identify data on peer aggression within all schools in the United States. According to the 2019 Indicators of School Crime and Safety Report (Wang et al., 2020) and results of the 2019 National Crime Victimization Survey (NCVS), sponsored by the National Center for Education Statistics (NCES) and Bureau of Justice Statistics (BJS) respectively:

• Peer aggression is a widespread challenge faced by the educational system. All schools need to have a prevention and intervention plan in place to address peer aggression. Approximately 80% of public schools in the 2017/2018 school year reported that one or more incidents of violence, theft, or other crimes (i.e., victimization) had occurred in the school. These statistics amounted to 1.4 million incidents (i.e., 29 incidents for every 1,000 students).

• Peer aggression is happening in schools, so educational stakeholders need to be equipped to know how to handle aggression inside the school environment. For students ages 12–18, the rate of victimization at school (i.e., victimization occurring when students were on school property or on their way to
or from school) reported in 2019 (30 victimizations per 1,000 students) was higher than the rate of reported victimization not connected with school (20 victimizations per 1,000 students).

- **Students of various grades (kindergarten (K)-12) are impacted by peer aggression, and the educational system’s response to peer aggression needs to meet the needs of children and youth across the K-12 learning environment.** Students ages 12–14, while at school, experienced a higher rate of simple assault (i.e., threats and attacks without a weapon that do not result in serious injury) than students ages 15–18 (i.e., 24 versus 8 victimizations per 1,000 students).

- **Considerations for children’s developmental levels and unique needs at each stage should be examined when developing a response to peer aggression and when informing policies, practices, and interventions.** Students ages 15–18, while at school, experienced a higher rate of violent victimization (i.e., rape, sexual assault, robbery, aggravated assault), excluding simple assault, than did students ages 12–14 (i.e., 7 versus 3 victimizations per 1,000 students, respectively).

- **Considerations regarding the context of students’ learning environments (e.g., race, culture, location) should be a factor in planning how to address peer aggression.** At school, the total victimization rate (i.e., thefts and violent crimes) did not differ significantly among racial nor ethnic groups. However, students living in urban areas experienced more total victimizations (i.e., 41 victimizations per 1,000 students) than students living in suburban areas (i.e., 23 victimizations per 1,000 students).

As the data above illustrate, peer aggression and school violence present a serious call to action for the educational system in the United States and worldwide. The question for schools, then, becomes how to address this grave situation. Educators, administrators, and policy makers, in responding to the problem of peer aggression, must consider the type of intervention response that will be initiated: primary, secondary, or tertiary interventions. From a public health perspective, interventions may occur along three main domains: primary, secondary, and tertiary. Primary prevention focuses on the steps taken to prevent or reduce the likelihood of peer aggression occurring and is universal in presentation (e.g., presented to all students). Secondary interventions center on populations of students who are particularly at risk for peer aggression or who have some history of aggressive behavior. Tertiary actions represent an organized response to peer aggression after it has occurred (Hallett & Dickens, 2017).
While this literature review focuses most heavily on secondary prevention (e.g., de-escalation training for administrators that targets students at imminent risk for aggressive behaviors), it is important to note that primary prevention programs (e.g., positive behavior interventions and support [PBIS], classroom management training for teachers, creating a positive school culture and climate) are salient strategies that have also been particularly helpful in schools that have effectively handled peer aggression situations (Ettekal & Ladd, 2017). Indeed, the best time to fix a problem behavior is before the behavior becomes a problem (Carr et al., 2002).

While traditional approaches emphasize crisis-driven strategies and plans, PBIS is an example of a multi-tiered, school-wide framework for building a positive school climate (U.S. Department of Education, 2012). The U.S. Department of Education (2012) recommends that administrators should invest in a whole-school approach, look towards prevention of problem behaviors, use data to adapt policies and procedures to fit the real-time needs of their students and families, and provide additional supports for the students who are not making progress academically or behaviorally.

Significant evidence exists around the efficacy of primary prevention efforts such as building a positive school climate as an effective strategy to decrease incidences of peer aggression and violence in schools (Thappa, 2013). However, while positive behavioral supports and prevention efforts are effective in increasing academic and social behavioral outcomes, PBIS will not eliminate all problem behaviors (U.S. Department of Education, 2012). Consequently, the school system must also be equipped with secondary interventions that can be used to respond to peer aggression as it occurs.

**De-Escalation Training for Educators**

One intervention, which has support in the research literature, is the use of de-escalation techniques and trainings for educational entities (e.g., administrators, counselors, school resource officers [SROs], and teachers) to mitigate the impact of peer aggression and promote the safety of the school environment. Across various professional fields, such as public health and education, de-escalation training involves learning strategies for the prevention and the management of aggression and violence. De-escalation may include training in early intervention practices, communication methods (i.e., verbal and non-verbal styles), appropriate responses in potentially violent situations, and the correct use of physical intervention techniques (e.g., restraint techniques, protection). The training is intended to reduce conflict, aggression, and harm. In an educational setting, de-escalation can be defined as a range of interconnected interventions that include verbal and non-verbal communication, self-regulation assessment, and actions taken while maintaining the safety of the those in the school (Hallett & Dickens, 2017).

However, within education and in other professional fields, trainings vary in content and delivery. For example, some trainings include information on evaluation of the de-
escalation and crisis response (e.g., support for staff and students after an incident). Some training may be a stand-alone curriculum, whereas others may include de-escalation as a topic within other training topics (e.g., classroom management, discipline policy, academic planning). Unfortunately, the variation across trainings results in difficulties for researchers in the evaluation of de-escalation training effectiveness (Engel et al., 2020).

To assist you in reviewing available programs and trainings, the TA team has created a list of examples of de-escalation trainings for educators in an easy-to-read document. Please see the attached report *De-Escalation Training and Programs: DoDEA Schools* for more information on de-escalation training.

**Critical Components of any Positive Behavior Support and De-escalation Programs and Trainings**

Based on guidance from the U.S. Department of Education, Pennsylvania’s Department of Education (PDE) has created a list of evidence-informed **core training components** that could be included in a districts’ positive support plan and de-escalation (restraint reduction) strategies. Training should include the following:

- Examine concerns and potential legal issues surrounding physical restraints;
- Consider how to create a commitment to the reduction of the use of physical restraints;
- Create a safe environment where positive rather than negative measures form the basis of behavior management programs;
- Teach staff how to avoid taking conflict personally - avoid power struggles;
- Prevent problem behaviors through a system of recognition of signs of anxiety and distress in students and staff;
- Identify the phases of crisis events and match behaviors to interventions;
- Demonstrate and model de-escalation techniques and other alternatives to physical restraint;
- Develop and use effective positive behavior support plans that include methods of utilizing positive reinforcement and other positive techniques to shape replacement behavior(s);
- Consider and utilize research-based practices that develop and maintain replacement behaviors that enhance student learning and skills for life;
- Study the risks associated with using physical interventions including the signs of physical distress, potential asphyxiation, and the psychological effects of restraint;
- Examine safe techniques for the use of physical restraints (prone restraints prohibited);
- Learn about the documentation of the incident and compliance with notification procedures; and
• Assess and use post-intervention debriefing with student and staff. (Pennsylvania Department of Education, 2017, p. 5)

You may read more about PDE’s guidelines for use by school administrators and local educational agencies (LEAs) to assist with the interpretation of policies and evidence-informed practices around de-escalation, restraints, and more intensive supports (Tier 3 in the Multi-Tiered Systems of Support (MTSS) Framework found here: [https://www.leaderservices.com/_risc/app/help/Res_Guidelines_11282017.pdf](https://www.leaderservices.com/_risc/app/help/Res_Guidelines_11282017.pdf)

In the PDE guidelines, the section on recommendations for data collection and documentation may prove particularly helpful for DoDEA.

In addition to the above recommendations from PDE, the table below offers core components of de-escalation training that are commonly identified in the research literature.

**Table 1 Summary of Key Components of Evidence-Informed De-escalation Techniques**
(Hallet & Dickens, 2017; Price & Baker, 2012)

<table>
<thead>
<tr>
<th>Evidence-Informed Components of De-Escalation Training</th>
<th>Examples</th>
</tr>
</thead>
</table>
| Interpersonal Characteristics of Effective De-Escalators | • Open  
• Honest (only making promises or agreements that can be kept)  
• Supportive  
• Non-Judgmental  
• Confident (e.g., without becoming arrogant)  
• Genuine (e.g., able to show authentic concern for the aggressor)  
• Ability to appear non-threatening  
• Empathetic (e.g., ability to understand the concerns of the aggressor, which can help the student to feel understood)  
• Self-Aware (ability to be aware of and self-regulate one’s feelings of anger, fear, or anxiety while remaining outwardly calm) |
| Communication: Verbal and Non-Verbal Skills | • Use a calm and gentle tone of voice  
• Speak slowly  
• Respond with tactful language (avoid jargon or making threats)  
• Use a sense of humor, if appropriate |
| Know When to Intervene | • Early intervention is key to successfully de-escalating a situation  
• An accurate assessment of an individual’s emotional state can be made by active listening, empathy, and awareness and interpretation of non-verbal cues  
• Making the decision regarding what strategy to use for de-escalation requires instinctive and flexible approaches that are based on the unique needs and characteristics of the aggressive student (i.e., not every strategy will be appropriate with each student)  
• Unnecessary interventions may escalate rather than de-escalate the situation (e.g., using a physical restraint on a student who pushed another student but has been compliant with the request to stop his or her harmful behavior)  
• Consider the following for deciding when and how to intervene:  
  o Knowledge of the student  
  o Meaning of the behavior  
  o Dangerousness of the behavior  
• Impact of the behavior on others |
| Know How to Engage with the Aggressor | • Make attempts to establish a rapport or a bond with the student displaying aggression  
• Match the posture of the student (i.e., stand if the student is standing and sit if the aggressor is sitting) |
| Know When to Intervene | • Monitor one’s body language (e.g., facial expressions, posture, avoid sudden movements toward the aggressor)  
• Make and maintain eye contact with the aggressor  
• Offer the aggressor personal space  
• Use active listening techniques  
• Remain aware of how differences in culture may impact verbal and nonverbal communication  
• Allow for moments of silence to allow time for the aggressor to think and respond |
| Know How to Engage with the Aggressor | • Make attempts to establish a rapport or a bond with the student displaying aggression  
• Match the posture of the student (i.e., stand if the student is standing and sit if the aggressor is sitting) |
<table>
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<tr>
<th>Safety Considerations</th>
<th>Other Considerations</th>
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<tbody>
<tr>
<td>• Assess the level of staff support needed to safely de-escalate the student. Know whom may be available to provide help, and seek assistance if needed. Call for assistance from law enforcement if the student poses an imminent threat to his or herself or others</td>
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<td>• Assess the area (e.g., potential weapons, exits for staff and students to leave safely if necessary)</td>
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<tr>
<td>• If appropriate, encourage the aggressor to move to a quiet area away from other students and uninvolved staff</td>
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<tr>
<td>• Interventions may exist on a continuum that range from those that are positive and supportive and uphold the student’s autonomy to those that seek to regain control and set limits for the student (e.g., affirm how the student feels and his or her ability to make good choices to the decision to utilize a restraint or seclusion)</td>
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<tr>
<td>• <strong>Any intervention must be aligned with the level of risk presented by the student to oneself and others</strong></td>
<td></td>
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<tr>
<td>• Include the student in trying to develop a workable solution to the incident</td>
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- While building a rapport with the aggressor, continue to assess the student for risk of violence. Be aware of potential weapons
- Offer a change of activity or a different place to go to help the aggressor self-regulate his or her emotions
- Use distraction or attempt to redirect the aggressor’s attention
- Recognize the cause of the student’s agitation (e.g., if another student is disturbing or exciting the aggressor, remove that student from the room)
- If an IEP or behavior plan is already in place for addressing aggressive behaviors, be aware of and use those interventions to guide your selection of the most appropriate response to the aggressor’s behavior
Debrief the aggressor and the victim following an incident to identify strategies for de-escalation that may prove useful in future crises.

Restraint and Seclusion

Definitions of Terms
The Civil Rights Data Collection (CRDC) classifies restraints as either physical or mechanical.

Physical restraint is defined as:
- “A personal restriction that immobilizes or reduces the ability of a student to move his or her torso, arms, legs, or head freely. The term physical restraint does not include a physical escort. Physical escort means a temporary touching or holding of the hand, wrist, arm, shoulder, or back for the purpose of inducing a student who is acting out to walk to a safe location” (U.S. Department of Education, 2012, p. 10).

Mechanical restraint is defined as:
- “The use of any device or equipment to restrict a student’s freedom of movement. This term does not include devices implemented by trained school personnel, or utilized by a student that have been prescribed by an appropriate medical or related services professional and are used for the specific and approved purposes for which such devices were designed (e.g., adaptive devices or mechanical supports used to achieve proper body position, balance, or alignment to allow greater freedom of mobility than would be possible without the use of such devices or mechanical supports)” (U.S. Department of Education, 2012, p. 10).

The CRDC also defines seclusion as the following:
- “The involuntary confinement of a student alone in a room or area from which the student is physically prevented from leaving. It does not include a timeout, which is a behavior management technique that is part of an approved program, involves the monitored separation of the student in a non-locked setting, and is implemented for the purpose of calming” (U.S. Department of Education, 2012, p. 10).

Restraint and seclusion historically have been used to control student behavior, and these methods disproportionately target students with special needs. Students with disabilities have been found to be seven times more likely to be restrained and four times more likely to be secluded than other students without disabilities (Gage et al.,
However, researchers have discovered that the use of restraint and seclusion in schools puts students at risk of injury or, in extreme cases, may result in death. Since this discovery, the focus has shifted from utilizing restraints and seclusion frequently to intervene in problematic student behaviors to using restraint and seclusion as last resort strategies to be used as a response to an emergency situation (Trader et al., 2017).

Based on guidance from the U.S. Department of Education, restraints and seclusion should only be used “in situations where a child’s behavior poses imminent danger of serious physical harm to self or others and not as a routine strategy implemented to address instructional problems or inappropriate behavior (e.g., disrespect, noncompliance, insubordination, out of seat), as a means of coercion or retaliation, or as a convenience. reductions in the behaviors that lead to office disciplinary referrals, suspensions, and expulsions” (U.S. Department of Education, 2012, p. 3).

**Recommendations**
The U.S. Department of Education further offers the following recommendations for educational entities (U.S. Department of Education, 2012, p. 12-13):

- Teachers and other personnel should be trained regularly on the appropriate use of effective alternatives to physical restraint and seclusion, such as positive behavioral interventions and supports and, only for cases involving imminent danger of serious physical harm, on the safe use of physical restraint and seclusion.

- Positive behavioral strategies should be in place in schools, and training in physical restraint and seclusion should first emphasize that every effort should be made to use positive behavioral strategies to prevent the need for the use of restraint and seclusion.

- School personnel who work directly with children should know the school’s policies and procedures for the safe use of physical restraint and seclusion, including proper uses (e.g., as safety measures to address imminent danger of physical harm) and improper uses (e.g., as punishment or to manage behavior) of these procedures.

- In addition, school personnel should be trained in how to safely implement procedures for physical restraint and seclusion, and only trained personnel should employ these interventions. School personnel should understand how to collect and analyze individual child data to determine the effectiveness of these procedures in increasing appropriate behavior and decreasing inappropriate behavior. These data should inform the need for additional training, staff support, or policy change, particularly when data indicate repeated use of these interventions by staff.
• School personnel also should receive training on the school’s policies and procedures for the timely reporting and documentation of all instances in which restraint or seclusion are used. At a minimum, training on the use of physical restraint and seclusion and effective alternatives should be provided at the beginning and middle of each school year. However, such training should be conducted more often if there are enrolled students with a history or high incidence of dangerous behavior who may be subjected to physical restraint or seclusion procedures. In addition, school administrators should evaluate whether staff who engage in multiple uses of restraint or seclusion need additional training.

• All school personnel should receive comprehensive training on school-wide programs of positive behavioral supports and other strategies, including de-escalation techniques, that prevent dangerous behavior that could lead to the use of restraint or seclusion.
  o Training for principals and other school administrators should contain information on how to develop, implement, and evaluate the effectiveness of school-wide behavioral programs.
  o Training for teachers, paraprofessionals, and other personnel who work directly with children should be ongoing and include refresher trainings on positive behavior management strategies, proper use of positive reinforcement, the continuum of alternative behavioral interventions, crisis prevention, de-escalation strategies, and the safe use of physical restraint and seclusion.
  o Use and prevention training should be accompanied by regular supervised practice. Like quarterly fire drills, all staff members should be expected to regularly and frequently review and practice approaches to prevent the conditions that result in the use of restraint or seclusion and in the use of specific and planned physical restraint or seclusion procedures. A team of trained personnel should monitor practice sessions to check for adherence to and documentation of planned procedures.

**Law Enforcement and Schools**

Police should not be contacted to handle school discipline or classroom management issues; these situations are not considered crimes. In the case of minor violations (e.g., a physical altercation between two students in school), there can be some degree of unclarity about if or when to call the police. A school district’s policies and guidelines can and should define when to involve law enforcement. In many cases, the school policies will have the school administrator making the decision about calling the police depending in the absence of an emergency or serious crimes (O’Conner & Peterson, 2014). Well-defined policies can aid administrators and other school personnel with decision-making around involving law enforcement.
DoDEA schools outline the following policy and procedures for when a school should contact law enforcement:

“DoDEA leaders will notify military installation and/or local law enforcement officials when a DoDEA student: (1) Poses a serious threat to themselves, the safety of others or to the security of the military installation. (2) Is suspended for more than ten (10) consecutive school days. (3) May be violating a United States or host nation law. All serious incidents must be reported using the Serious Incident Reporting System and entered into the appropriate DoDEA electronic incident reporting database in accordance with DoDEA Regulation 4700.04, DoDEA Regulation 3030.01, and DoDEA Procedural Guide 5760.01-01” (DoDEA, 2021, p. 7).

Conclusion
Creating a safe environment where all students can learn and succeed academically is vital to the success of DoDEA schools. This report offers recommendations and guidance around one step-de-escalation training for teachers in creating a safer school environment. However, further work remains including policy review and revision based on evidence-informed practices, ensuring prevention programming efforts are in place, and delineating a clear process for FAP and DoDEA to follow when peer aggression does occur in the school environment.

Resources

- **Guidelines for De-Escalation and the Use of and Reporting of Restraints in Education Entities (2017)**
  - Pennsylvania Department of Education
    Pennsylvania has developed a document for use by school administrators to assist with the interpretation and application of policies around de-escalation procedures. This document provides guidance to schools and parents related to the use of de-escalation and restraints in Pennsylvania including in the Special Education setting.

  - U.S. Department of Education
    The U.S. Department of Education issued this report to offer guidance. It describes fifteen principles that states, school districts, school staff, parents, and other stakeholders may want to consider when states, localities, and school districts are developing practices, policies, and procedures on the use of restraint and seclusion in schools.
    - [https://www.leaderservices.com/_risc/app/help/restraints_and_seclusion_resources.pdf](https://www.leaderservices.com/_risc/app/help/restraints_and_seclusion_resources.pdf)
• **School-Based Violence Prevention: A Practical Handbook (2019)**
  o World Health Organization
  This resource is about schools, education, and violence prevention. It offers evidence-informed guidance for school officials and education authorities on how schools can embed violence prevention within their routine activities and in interactions with children, parents, and other community members.

• **Defusing Disruptive Behavior (January 2021)**
  o Virginia Tiered Systems of Support
  This guide offers training and resources for administrators and other school staff on how to address problem behaviors more effectively in the classroom. The resource guide provides a continuum of responses to problematic behaviors and offers evidence-informed strategies to develop a plan for addressing these behaviors.

**Additional Assistance**

The TA specialists at the Clearinghouse provide support to professionals as they examine and make informed decisions about which programs fit specific situations and are worth the investment. Whether connecting one with the resources and tools to conduct a needs assessment in a specific community, suggesting the best evidence-based program or practice for a certain situation, or developing an evaluation plan, the TA team of experts is a call or email away.

Please visit the Clearinghouse’s website at www.militaryfamilies.psu.edu or call 1-877-382-9185 to speak with a TA specialist.

**Suggested Citation**

References


