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# Responding to and Preventing Tantrums: Proactive Behavioral Strategies and Interventions for Aggressive and Tantruming Behavior

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Honors Thesis

Certificate of Approval

Responding to and Preventing Tantrums:

Proactive Behavioral Strategies and Interventions for Aggressive and Tantruming Behavior

Samantha Wright

May 2018

Approved to fulfill the  
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Dr. Eric Umstead, Associate Professor  
Adolescent, Career, and Special Education

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Responding to and Preventing Tantrums:  
Proactive Behavioral Strategies and Interventions for Aggressive and Tantruming Behavior

Submitted in partial fulfillment  
of the requirements  
for the Murray State University Honors Diploma

Samantha Wright

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### Abstract

This thesis discusses a collection of evidence-based strategies for special educators and their support staff to reduce angry and aggressive behavior for students with limited communication skills and significant cognitive deficits. It reviews potential warning signs and conditions associated with aggression in three separate categories (environmental conditions, psychological/physiological conditions, and interpersonal conditions). Further, it uses evidence to generate an array of communication recommendations and strategies to safely intervene in various settings and prevent future occurrences of aggressive behavior.

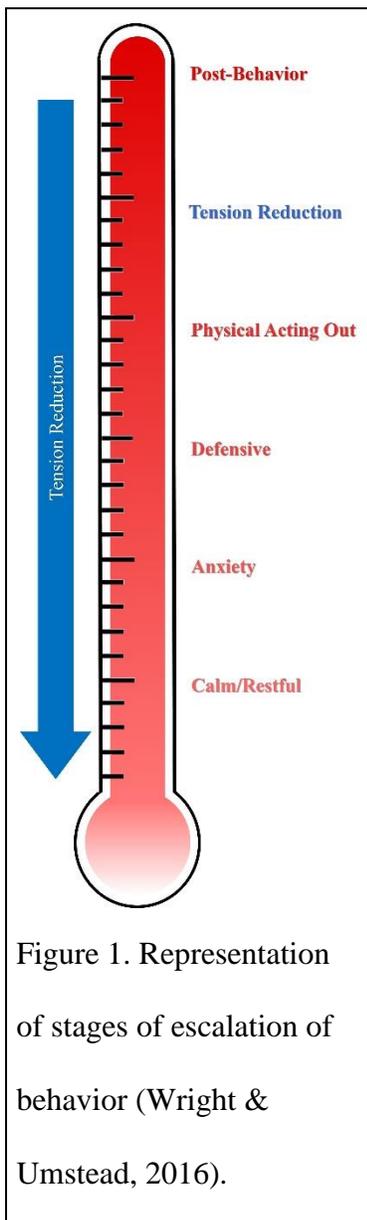
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Responding to and Preventing Tantrums: Proactive Behavioral Strategies  
and Interventions for Aggressive and Tantruming Behavior

In the media over the past year, there have been numerous accounts of school resource officers and other law enforcement officials losing control of aggressive situations resulting in physical injury or emotional trauma to both students and officers (Shapiro & Shabner, 2015; Johnson & Gonzales, 2017; Natarajan & Fowler, 2016; Shoichet, 2016). Though many of these cases are legally permitted, the outcomes can be far from positive. The more controlled, though still very hands-on, safety procedures that have been and are still being used in today's classrooms are seclusion and restraint. Seclusion is defined as confining a student to an area from which they are restricted from leaving, while restraint is any manual method, device, material, or equipment that prevents or reduces the student's ability to move (GAO, 2009). Disadvantages for those who are intervening may include risk of injury while implementing the hold or placing the students in seclusion and psychological effects from restraining someone (i.e., self-disgust, guilt, and emotional distress) (Rickard, Chan, & Merriman, 2013). Moreover, the United States Government Accountability Office (GAO, 2009) documented hundreds of allegations of death and abuse as a result of seclusion and restraint at public and private schools across the nation between 1990 and 2009. A statistical estimate found that between 50 and 150 of these deaths occur each year in the United States (Weis, 1998). The negative consequences for restraint and seclusion are abundant, yet per current law, restraints that impede children's breathing are only forbidden in 27 states and non-emergency seclusion is only prohibited in 19 states (Butler, 2016). These shocking statistics and examples have led to this study, looking further into evidence-based strategies that may help school personnel respond safely and quickly to students whose

behavior is becoming aggressive before needing to respond using more invasive interventions such as seclusion or restraint.

Some examples of behaviors that are exhibited by student who may benefit from these interventions are: difficulties when given directions by the teacher, frequent noncompliance and verbally aggression. Other behaviors may be directed towards peers, such as attempting to hit, pinch, or become verbally aggressive towards them. These interventions were directed towards a



student who has communication difficulties that may make it more challenging to communicate the reason for actions, as well as cognitive deficits which may make it difficult to understand personal feelings as easily as other students.

Rarely does violent behavior occur all on or all off like a switch. Rather there are stages of tension and anxiety that lead to an aggressive outburst (Myles & Simpson, 1998). Figure 1 displays stages of escalation that may lead to aggression. A student who comes into the classroom may have already escalated through one or more of the stages before the instruction began. Though an action of a teacher or that of a peer may not seem to have justified the aggressive response, it is important to realize that a student may have had troubling experiences earlier in the day. The importance of identifying the function or reason behind their behavior cannot be overstated, especially in the case of students with communication difficulties. Frequently, the function of a behavior can be identified (and

possible stopped before turning aggressive) by simply knowing your student and their situation in life, as well as having periodic check-ins as the student enters the classroom, having a one-on-one conversation about their day and night/weekend before. Some of the cues and warning signs for aggressive behavior featured below will be invaluable in helping to identify the causes of frustration that may cause an angry outburst.

### **Aggression Cues/ Warning Signs**

In order for a teacher, paraprofessional, or other support staff to use an intervention effectively, it is important to identify as early as possible, not only that the student is getting upset or defensive, but also the cause of the condition. Part of this may be a predisposition for aggression based on their environmental conditions (family life, community role models, etc.) and others may be based on psychological and physiological differences. In fact, some of these conditions, especially high-risk social conditions, like mother's age, educational status, job, and marital status, and antisocial behavior (like arrest, personality disorder, and conduct disorder) exhibited by the child's mother, can be used to identify aggressive tendencies as young as six months of age (Hay et al., 2014). In addition, a more circumstantial condition may occur, especially associated with interpersonal communication and relationships. This, by no means exhaustive list of conditions associated with aggressive behavior can help teachers and paraprofessionals begin to identify potential functions of behaviors. A more effective teacher is one who is more aware of the potential for aggression rather than too lax in identifying the subtle signs of potential violent episodes. Further, the more aware teachers did not typically identify behaviors as more aggressive than they were, either (Robinson & Clay, 2005). Therefore, it is better to be more informed and aware of the warning signs than the opposite.

### **Environmental**

Student's environmental conditions are largely out of their control, and students with moderate to severe disabilities may have difficulties communicating their needs or desires. These conditions are precursors to aggression that can impact the emotional stability of the student and lead to aggression and other inappropriate forms of communication. Students with familial adversities such as separated or divorced parents, low educational and occupational status of the parents, and mother's young age at the birth of the first child, may demonstrate a disposition for increased aggression and are more likely to demonstrate frequent or stable aggression (as opposed to episodic) (Haapasalo & Tremblay, 1994). Another familial adversity that children may be dealing with is homelessness. Children who are homeless are more likely to demonstrate aggression and experience family violence. In a survey of 94 homeless or shelter-dwelling families from a Midwestern city, the mothers reported being beaten on average 17 times, kicked hard 10 times, and punched 15 times only during their adult life (Anooshian, 2005). In their childhood, they had been sexually abused on average 22 times, punched 12 times, and beaten 6 times. This means that not only are they subjected to more violence personally, they have also experienced models of aggression from important people in their lives. Students whose family experienced more violence were more likely to show aggression, and therefore become more socially isolated (Anooshian, 2005). Children often have difficulty discussing their home lives verbally anyway, but students with communicative deficits will be even more challenged to convey their struggles and emotions without resorting to aggression.

### **Psychological/Physiological**

Psychological conditions (i.e. anxiety, frustration, etc.) and physiological conditions (i.e. muscle tension, chemical imbalance, etc.) are often linked (Neumann, Vennema, & Beiderbeck, 2010). The physiological changes in the brain and the body can alter psychological feelings and

emotions that a student is feeling. According to neuroendocrinologists Neumann, Vennema, and Beiderbeck, (2010), a clear overlap between the body's reaction of aggression and the physiological condition of anxiety exists creating a strong correlation between anxiety and aggression. Early life stress, like child abuse, has also been linked with excessive aggression and violence in adulthood (Heim & Neimeroff, 2010; Dodge, Bates, & Pettit, 1990). In addition, 75% to 85% of children and adolescents from a sample clinically referred for aggression also showed anxiety problems (Granic, 2014). Though there is some dispute about whether the anxiety causes the aggression or vice versa, it is clear that such a connection exists and can be useful to understanding aggression and its function in students.

Another form of anxiety, rumination, occurs when a person is dwelling on a past event. Rumination is highly correlated with displaced aggression, or aggression against something other than the source of anger (Bushman, Bonacci, Pedersen, Vasquez, & Miller, 2005). Often, children with communication deficits have difficulty communicating clearly the actual source of their frustration, and may instead extend their anger to the nearest accessible target.

Deployment-related stress in military families is another type of anxiety that can be related to the home life of the student, though the student is not being abused. With approximately 1,114,000 school-aged children of deployed military personnel attending public schools rather than military-based schools, these students need special attention in appropriately expressing their frustration. In boys, especially, a strong correlation was found between having a deployed father and greater aggressiveness, irritability, depression, impulsiveness, and dependency (De Pedro et al., 2011; Hillenbrand, 1976).

Psychological conditions, like anxiety, have physiological implications, however there are purely physiological conditions, like hunger, that have direct relationships with behavior as

well. Sleep deprivation is a physiological condition that can lead to aggressive behavior in people already identified as having aggressive tendencies. O'Reilly (1995) found that the subject of his case study had an up to 50% increase in aggressive behavior when he received less than five hours of sleep. Understanding that, for example, lack of sleep may be the function of aggressive behavior will help a teacher respond appropriately to the situation. A strategy like deep muscle relaxation, then, would not be appropriate, in a situation where exhaustion is the function of the aggressive behavior.

### **Interpersonal**

Interpersonal and interrelational aggression - aggression that is directed towards someone - can result in disastrous consequences if a teacher or administrator is not aware of the situation. Students with communication deficits will often not communicate that this particular person bothers them. Because of this, an aggressive interaction could occur between him/her and another student with less forewarning, making the cause of the aggression difficult to identify. Social anxiety is when social interactions cause stress for a person. Students with both abnormally high social anxiety and abnormally low social anxiety are more likely to display aggressive behaviors (Pugliese, White, White, & Ollendick, 2012). For example, a student who does not care at all what his peers think, may be more willing to lash out at someone over a minor infraction, or a student who is too cautious to offend others may not speak up at all until she is pushed to her limit.

Also important is the way students react to social rejection. Evidence supports that social exclusion is directly correlated to aggressive behavior. When an individual feels a lack of regard or consideration from others, or feel their honor is threatened, they react more strongly than when they encounter feelings of dislike from others (DeBono & Muraven, 2014). This strong

correlation is indicative of the way that we should talk to students, especially students with cognitive disabilities, as they require respect to feel valued.

Finally, students who are more prone to anger and aggression are more likely to identify ambiguous or neutral expressions as angry or threatening. This is often referred to as hostile attribution bias. Individuals who are naturally quick to anger make the inference that an action is hostile, before they even have time to recognize the cues (Wilkowski, Robinson, Gordon, Troop-Gordon, 2009). This is true in writing as well. Wilkowski, et. al. (2009) also found that individuals with high trait anger spent less time reading an ambiguous message than they did the follow up sentence that was non-hostile, meaning they had perceived the first sentence as angry and were unsure how to decode the second message following.

### **Strategies for Intervention**

When intervening in aggressive situations, there are two parties who can affect the situation, the angry person and their intervention team. Teaching students to interact with adults and communicate their feelings more productively while thinking about mannerisms, tone, and choosing words should be a strategy demonstrated by the intervention team. Students with a tendency for angry outbursts are more likely to see the interventionist's neutral faces as angry (Wilkowski, Robinson, Gordon, Troop-Gordon, 2009; Pollak & Kistler, 2002). Many aggressive situations can be controlled without needing to practice restraint or seclusion if the respondent is respectful, clear, and humane even if the student perceives their face as angry.

### **Verbal De-escalation**

Prior to a behavior, there are warning signs that indicate the student is getting agitated, including physical and verbal signs of anxiety, pacing, body movement, and changes in voice volume and tempo (Cowin et al., 2003). Dr. Avrim Fishkind (2002) provided a series of 10

commandments, featured in figure 2, for calming agitation that will provide guidance for dealing with an individual who is already in an aggressive state.

First, when approaching an aggressive individual, the staff member should be approximately two times arm's length of space away, or more if the person is very upset. Further, when talking to the student, try to maintain natural eye contact, rather than constant (Fishkind,

2002). Next, maintain relaxed and composed posture, with an empathetic and genuine tone of voice. A student needs to know that the team member is not threatening them or feigning concern.

According to Fishkind (2002), when establishing verbal contact, the first team member who interacts with the person and is trained in verbal de-escalation should be the one to speak to the student. People who have established a personal connection with the angry person can also be a valuable resource for de-escalation. When first establishing contact the staff member should introduce themselves and communicate that safety is a primary concern as well as helping them regain control (Richmond, et al., 2012). When speaking, use clear and concise language, making sure that the student fully understands. Use sign language familiar to the student or basic language if verbal communication is difficult.

#### THE 10 COMMANDMENTS OF DE-ESCALATION

- |      |   |
|------|---|
| I    | You shall respect personal space                |
| II   | You shall not be provocative                    |
| III  | You shall establish verbal contact              |
| IV   | You shall be concise and <i>repeat yourself</i> |
| V    | You shall identify wants and feelings           |
| VI   | You shall listen                                |
| VII  | You shall agree or agree to disagree            |
| VIII | You shall lay down the law                      |
| IX   | You shall offer choices                         |
| X    | You shall debrief the patient and staff         |

Figure 2. The 10 commandments of de-escalation.

This figure demonstrates rules for speaking to an aggressive individual (Fishkind, 2002).

Use the *free information*, or hints that the student is giving through their actions and words, to gain an understanding of their wants and needs (Richmond, et al., 2012). A student's demeanor, tone, and language can aid in determining the cause of the behavior, especially if the student's calm state is known. Richmond et al. (2012) mention Miller's law, which states, "To understand what another person is saying, you must assume that it is true and try to imagine what it could be true of" (p. 21). In other words, even if what the student says happened, did not happen, imagine that it is true so that it is possible to talk about what is bothering them. The student needs someone who is willing to understand and help them cope. There should be some way, then, that the aggressor can be agreed with. For example, if the student thinks that a peer was rude to them, it is important to say that it's okay to feel upset, even if the peer did nothing wrong. However, it still needs to be communicated that the upset feelings are not an excuse for hurting others or harming someone else's belongings.

Though an understanding approach is valuable, it is also important to set clear limits, (direct, easy to understand statements about the behavior's appropriateness in the situation). Once the student regains a rational state, tell the student directly the impact that their behavior is having on their peers, and tell them that it is unacceptable to damage school property or call people names. Make it clear that there are consequences to the behavior, and offer them a choice of a non-violent way to communicate to avoid those consequences (Fishkind, 2012). After the behavior is over is the appropriate time to talk about why things were done and why the teacher had to make certain that control was taken so that other students and teachers did not get hurt. The debriefing process is an important one, but the lesson cannot be taught during the behavior. The student needs to be calm and collected before they can begin to understand.

### **Yoga and Mindfulness**

Both the way team members talk to students and the arsenal of self-control and relaxation strategies that the students are taught are equally important in allowing our student constructive ways to communicate. The instructor should direct instruct these strategies and train the students to have the ability to calm themselves independently. Research has also demonstrated the value of strategies that increase the students' ability to control themselves and their anger and aggression. Yoga has had success in decreasing aggressive behavior and increasing productivity. In a study completed by Deshpande, Nagendra and Raghuram (2008), 226 participants completed eight weeks of yoga training (including physical postures, breathing techniques, and meditation) there was a significant decrease in verbal aggression especially in men and those below 25 years of age. In a study by Dwivedi et al. (2015) with 160 subjects, those who practiced yoga (including postures, breathing techniques and meditation) were able to increase productivity and decrease verbal aggression. Yoga could also possibly control negative behavior by controlling the neuroendocrine and immune mechanisms to balance the brain chemically (Dwivedi, Kumari, Akhilesh, & Nagendra, 2015).

Another study focused on mindfulness training through yoga. Mindfulness is understanding reality and being able to detach oneself to better understand what is happening and why. Further, mindfulness training for both the parent and the child for a population of children diagnosed with ADHD between the ages of 8 and 12 had a significant reduction in their symptoms, as well as better parental support and understanding (van der Oord, Bögels, Peijnenburg, 2012). Mindfulness meditation is the process of living only in the present and focusing on the finer details of what is happening around a person. This can be especially beneficial for students who are ruminating, are struggling with anxiety about the past or future, and who are having difficulty escaping their home life.

During the exercise, it is important to help students meditate on the things that are around them presently and focus on their impact for their body and emotions. Students may benefit from mindfulness meditation that focuses on an object that they can see, the feeling of walking, or even eating. Whatever the focus, prompt the student to take deep “belly breaths” and notice patterns, colors, shapes, smells and feelings. The sensations that a student is feeling can ground them in the moment. Mindfulness meditation can take place during any event or action that takes place during the day, and though other thoughts might distract them, students should be able to note their thoughts and push them aside to continue focusing (Davis, Eshelman, & McKay, 2008). Even allowing the student to break down a task, like brushing your teeth, to the minutiae of the task can be relaxing to a student. If a student is thoroughly taught this strategy they may be able to use it to keep themselves calm, but even just practicing the skill allows the student to better control their own body and feelings.

### **Progressive Muscle Relaxation**

While mindfulness is an awareness and relaxation of the brain, progressive muscle relaxation is the systematic tensing and relaxing of individual muscles to increase awareness of tension and relaxation. Since the tension in the body causes muscles to tighten, the tension and release system allows for the release of those muscles contracting (Zipkin, 2001). Research has also been used to improve student’s ability to slow heart rate, respiration, temperature, and decrease impulsivity (Lopata, 2003). Further, Graziano and Kean (1968, as cited in Lopata, 2003) found that progressive muscle relaxation can be linked to aggression reduction in children with specific disabilities.

To encourage a student who is displaying sign of frustration to relax, a teacher can prompt the student to move to a quiet area, take a seated position, and focus her attention on

different parts of her body, expanding and contracting the muscles in each body part until the muscles let go and lose tension (The TAP Service Center at The Hope Institute for Children and Families, 2012). Prompt the student to tense each muscle for 7 to 10 seconds without straining and concentrate on the buildup of the muscles, then relax suddenly and enjoy the sensation of relaxation and limpness those muscles encounter. Try to help the student relax the other muscles in their body as much as possible, as well, and repeat if certain groups of muscles are still tight or tense (Bourne, 2010). If necessary, guided muscle relaxation audio can be found online or is available for purchase. Students should practice at least 20 minutes a day to see effective treatment, but can use the same skills to calm themselves when in an upset situation.

### **Attribution Training**

For individuals struggling with interpersonal skills, or whose lack of appropriate peer interaction often results in confrontation, there may be a link between attribution and their aggression. Attribution is when someone, presumably a student, mentally assigns a reason for someone's actions in a social situation (Weiner, 1986). Students who have high attribution bias believe that their peer, or an adult is acting with intent to harm them, and therefore react aggressively (Hudley & Graham, 1993). Students who may be at risk for this kind of bias are often male, younger, have a lower IQ score, and tend to behave aggressively as a reaction rather than planned (Huesmann, Eron, & Lefkowitz, 1984; de Castro et al., 2002). Those students whose function of their behavior is defensive, or whose environment encourages defensiveness (abuse, poor modeling, etc.) are prone to hostile attribution.

Attribution training is instruction that teaches students to better understand the intent of the person with whom they are speaking. Research on a program called The BrainPower Program, a 12-lesson intervention for upper elementary grades, shows improvement of

aggressive behavior after direct instruction (Hudley et al., 1998). The program consists of three components. The first is to strengthen the ability of the student to understand a person's intent, including searching for, interpreting and categorizing intents in different social situations. The second is to teach the student to attribute unclear intent to an accident or to things out of the person's control. The third is to link appropriate behavior to social situations that had a negative result (Hudley et al., 1998).

Another program (unnamed) successful in lowering attribution bias was a conflict education program. This program directly instructed a six-step process for interpersonal conflict, discussed management styles and their effectiveness, discussed the critical listening process, explored the nature of anger and anger in conflict (including controlling the student's own anger and refraining from angering others), and taught basic negotiation skills (Bodtger, 2001). This intervention can be done without a program, though, as it is truly a more directed form of social skills training.

### **Medication**

Although there are a few medications that are FDA approved for the treatment of irritability and aggression in special populations, (Robb, 2010) there are some major legal and ethical concerns when teachers get involved with discussions of medication. Effective use of medication starts with a physician who specializes in medication for individuals with the student's specific disabilities and can recommend medication based on research and extensive prior experience. The physician should determine dosage, time release, etc. and the teacher should be getting the information from a parent who communicates with the physician. The parent, teacher, and physician should have open lines of communication to maximize the benefits

of this type of therapy. Further, a teacher should never recommend a medication unless they are a licensed medical professional with expertise in the field in which they consult.

### **Conclusion**

Aggressive situations are prone to happening in special education, but also happen in other occupations. An example of this that demonstrated the importance of understanding the function of a behavior is one cited by Adam Galinsky (2016), a social psychologist at Columbia Business School in Manhattan, NY, in a speech about learning to speak up for oneself. He says:

I want to tell you about a particular crisis. A man walks into a bank in Watsonville, California. And he says, "Give me \$2,000, or I'm blowing the whole bank up with a bomb." Now, the bank manager didn't give him the money. She took a step back. She took his perspective, and she noticed something really important. [The bank robber] asked for a specific amount of money.

So she said, "Why did you ask for \$2,000?"

[The bank robber responded], "My friend is going to be evicted unless I get him \$2,000 immediately."

And she said, "Oh! You don't want to rob the bank — you want to take out a loan."

Why don't you come back to my office, and we can have you fill out the paperwork?"

Galinsky (2016) went on to say that by using this perspective, it made the manager more likeable. And that by offering the rowdy customer a choice signaled her flexibility, allowed her to lower his defenses and deescalate the situation. However, in the situation of special education,

likeability is less the issue than control. Picking up on the “free information” of the subject allows the team member to both better understand the purpose of the behavior and gain control of the situation. It is important that the assisting person demonstrates both respect for the student and a resolve to understand the angry person’s point of view.

The strategy that allows teachers to collect data about a person and their behavior in order to understand why a behavior is occurring is called a Functional Behavior Analysis (FBA). A functional behavior analysis allows the professional to understand the behavior as a reaction (Hanley, Iwata, & McCord, 2003). Often, environment plays a major role in the behavior of the student. To find the best strategy to attend to the student’s needs, the trigger and cause of the behavior must be discovered through data and observation. For example, strategies that assist a student in tracking their own behavior will not ease a behavior whose function is to communicate displeasure. A strategy is only as good as the reason behind using it.

There is no mention of set consequences or discipline for aggressive behavior in this passage. However, it is useful to note that while punishment is often the policy, it is more important that students are in the classroom benefiting from the maximum amount of time available. Consequences are useful when managing behavior, as long as the reason for the consequence is to benefit the student rather than exert dominance or simply carry out a policy. Further, students with special needs may need this special attention and should receive it as part of their special education services.

Finally, classroom management strategies (self-monitoring, sensory stimulation, etc.) were purposely omitted as the emphasis was placed on strategies that will transcend verbal communication abilities and cognitive abilities. Procedures that promote relaxation and self-control can be modified to suit all ages and ability ranges and can assist the student in both

communicating the reason for their behavior, and promoting self-worth and dignity. Further, the purpose of these strategies is to get the students back in the classroom in a calm state so they can learn and engage with their peers purposefully. Seclusion and restraint make it difficult for the student to reset and get back into the classroom because the focus is on consequences and self-control strategies when their control has been taken from them. Those students who have been subjected to the so-called “strategies” of seclusion and restraint will benefit from some extra attention in shifting the control of their actions back to them.

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