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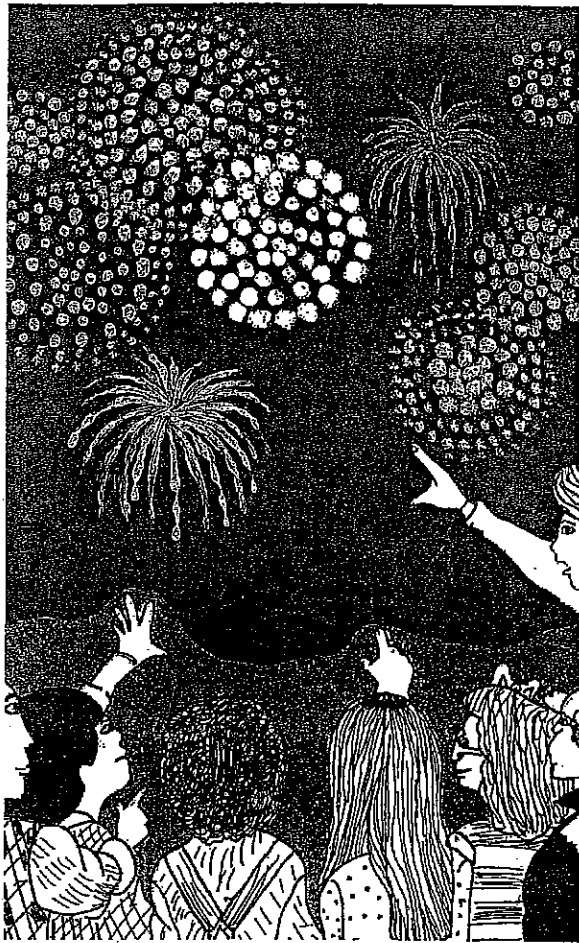
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Home for the Holidays: A Red-Flag, Carry-In, Reclaiming Intervention

John W. Hill and Nicholas J. Long

Art by Joseph W., age 17, a student at Lawrence Hall Youth Services in Chicago. Used with permission.

In the terminology of Life Space Crisis Intervention, a "Red-Flag Carry-In Crisis" occurs when a youngster overreacts because of stress he or she brings in from another setting (see Note). For example, many students bring problems from home or the street into the school. This article describes the diagnosis and resolution of such a carry-in problem when a student's fear of abuse at home triggered major dysfunctional behavior at school.

Although our students come to our learning disabilities clinic after school, we greet them as though they were just beginning the school day. This decision helps us to be ready to identify any significant problems brought from home and school. Brandon is a 9-year-old third grader who was diagnosed as having emotional disturbance and a reading disability. One day, prior to coming to our clinic, Brandon received a letter from Robert, his physically abusive 16-year-old brother. Brandon was convinced this letter was a statement that Robert was coming home for the holidays.

Background

Brandon has been hospitalized twice over the past year for violent and uncontrollable emotional outbursts. He lives at

home with his mother; he has two older brothers who do not live with them. Robert resides in a distant court-mandated residential ranch treatment program. David, age 13, lives in a court-ordered community-based group home for youth.

Brandon attends a general education public school. He has remedial reading activities that take place in the resource room, but he is included in regular classroom activities throughout the remainder of his school day. At our clinic, Brandon usually is well motivated, even when reading tasks are difficult for him, and he enjoys teacher praise that focuses on his accomplishments. Aside from his rare emotional rages, Brandon would be considered a gentle, vulnerable student. Recently, Brandon began taking violin lessons, and he is demonstrating pleasure and pride in his new violin and his ability to play it.

The Incident

Before the incident, Brandon had attended the learning disabilities clinic for 5 months for intensive reading and decoding instruction. Students attend clinic classes from 4:30 p.m. to 6:30 p.m. On the evening of the incident, Brandon completed his regular school day and spent time at home before getting a ride from his mother to our clinic. When Brandon arrived for class, he was visibly upset, lying in the back seat of the car with tears streaming down his cheeks and refusing to leave the car. Thirty minutes later, Brandon finally got out of the car and walked to the classroom. When his teachers asked him if he was ready to begin his reading activities, Brandon stiffened, folded his arms over his chest, and began shaking his head from side to side, saying, "No! Reading sucks! This school sucks! You suck!" At this point, his teacher became concerned about the possibility of prolonged confrontation and escalation. She asked if I would talk with him because Brandon and I have a comfortable relationship. I agreed.

Drain-Off Stage

Kneeling next to Brandon's desk to establish eye contact, I waited several minutes in silence. When Brandon finally looked at me, I asked him if he would please come with me to the back of the room for a drink of water. Without comment, Brandon stood up, arms still folded tightly across his chest, and walked to the fountain. I thanked Brandon for coming with me and found two chairs so we could face each other.

INTERVIEWER: Brandon, it is clear you are upset today. I see your tears, but I don't know what is causing them.

BRANDON: I don't want to read.

INTERVIEWER: Okay, I hear you. But I'm also concerned because usually you come to class ready to read. Today seems different for you. Can you share with me what you have been thinking about?

BRANDON: It's just different today. You don't know anything.

INTERVIEWER: (*ignoring the personal comment*) By different, do you mean you are having different feelings today than usual?

BRANDON: Yes!

INTERVIEWER: So you are feeling different today, but you still got out of the car and came to class all by yourself. That must have been difficult to do when you were upset.

BRANDON: Yes, I did!

INTERVIEWER: And now you are talking and not fighting with me.

BRANDON: Yes, I am!

Brandon then unfolded his arms from around himself and asked me if he could get another drink of water. After sit-

ting together a few more minutes, Brandon dried his eyes on his shirtsleeve and gave a weak little smile, seeming more relaxed.

Timeline Stage

INTERVIEWER: So, how was school today?

BRANDON: Okay.

INTERVIEWER: Did you wake up this morning in time for breakfast?

BRANDON: Yes. Then my mom drove me to school.

INTERVIEWER: Did you have to do a lot of reading today?

BRANDON: I read and wrote stuff, and I also got to play my violin. Then I went home to get my snack.

INTERVIEWER: So, it sounds like you had a pretty good day.

BRANDON: Yes. (*pause*) But guess what. I got a letter.

INTERVIEWER: (*I recalled from my Life Space Crisis Intervention [LSCI] training the importance of exploring any new object about which a student displays emotion.*) Tell me about this letter.

BRANDON: Do you want to see it?

INTERVIEWER: I sure do!

Brandon jumped up from his chair and went over to his jacket, removing an envelope from the pocket.

BRANDON: Here it is.

INTERVIEWER: So this is the letter you want me to see.

BRANDON: Yes. (*frowning*) It's from my brother Robert.

INTERVIEWER: It is addressed to you—your very own letter. Did you read it?

BRANDON: No. I can't. But my mom read it to me before I left home to come here. Do you want to read it?

INTERVIEWER: This letter seems very important to you. Do you want me to read it to you?

BRANDON: Yes!

INTERVIEWER: Okay. Here goes.

Dear Brandon,

How are things going for you there? There's not much to do here. I have to go to class. They have horses here, but I'm not sure when I can ride them. I can't come home for the holidays. Tell Mom to buy me a cheap camera, and I will send you some pictures of this place.

(signed) Robert

BRANDON: Read the part about coming home again.

INTERVIEWER: "I can't come home for the holidays."

BRANDON: Oh.

INTERVIEWER: Are you disappointed that Robert won't be coming home?

BRANDON: No way!

INTERVIEWER: "No way!" You said that in a strong way. Tell me about Robert.

BRANDON: I'm glad he won't be coming. He hurts me. He hits my mother and he steals cars.

INTERVIEWER: You're glad your brother won't be coming home because in the past he hurt you and your mom. How has he hurt you?

BRANDON: He takes my stuff from my room and hits me hard until I cry. Mom too. That's why he's gone.

INTERVIEWER: So Robert is very aggressive and hurtful to his family, and you feel better knowing that he won't be coming home.

BRANDON: Yes.

INTERVIEWER: Safer?

BRANDON: Yes. (After a long pause) Do you think Robert is safe, too?

INTERVIEWER: Robert is away and won't be coming home. You are safe now. He can't hurt you from far away. He is safe, also, because he can't hurt you and is getting help with his anger. You were brave to tell me what you really felt. Let's read this letter together out loud so you can learn the words and read it to yourself any time you want.

We read the letter twice.

BRANDON: Thanks. Guess where I'm going to keep my letter?

INTERVIEWER: Where? Do you have a special place in mind?

BRANDON: Yes. In the inside compartment of my violin case.

INTERVIEWER: That's a very special and safe place for your letter. Safe and in control, just like you are now. Do you want to put your letter in the violin case now?

BRANDON: Yes.

Central Issue and Insight Stages

Clearly the letter from Robert tapped into Brandon's fear of his brother, which he displaced onto his mother and teacher as refusal to come to class and to read. Once Brandon understood that his older brother was not coming home, he began to feel safe and more in control, even deciding to put the object of his crisis, the letter, in a symbolically contained and "safe" place. Reviewing the timeline in my mind, I selected a Red-Flag, Carry-In, Reclaiming Intervention to help Brandon understand his pattern of self-defeating behavior.

INTERVIEWER: Before returning to reading lessons, can you tell me again what upset you?

BRANDON: My brother coming home and hitting me.

INTERVIEWER: That's right, but who had to deal with your upset?

BRANDON: My mom and my teacher.

INTERVIEWER: So let's review this sequence. You were actu-

ally upset with your brother, but you got upset with your mother and teacher instead. Is that the way it was? Did that help your problem with the letter?

BRANDON: No. Reading the letter helped.

INTERVIEWER: And now that your private worry about your brother coming home is over and you are safe, how will you behave in class?

BRANDON: Okay.

INTERVIEWER: Sure, because once you talked about your problem, you were able to solve it, so now you are ready to return to class.

New Skills Stage

INTERVIEWER: What can you do the next time you're upset or afraid of a letter from your brother?

BRANDON: Tell my mom.

INTERVIEWER: That sounds like a good idea. Now let me ask you a question. What will you say to your mom or to your teacher in order to get help next time you receive a letter from your brother?

BRANDON: Read the letter to me.

INTERVIEWER: That is very clear. Can you tell your mother or teacher that so they can talk with you?

BRANDON: Yes.

INTERVIEWER: Thank you for talking with me. I also think you learned something important from this problem. Are you ready to go back to reading class?

BRANDON: Yes. Do you think my teacher will let me play my violin for the class?

INTERVIEWER: I don't know, but it sounds like a good idea. Let's ask her.

During snack break, Brandon played his violin for the class, thus ending his afternoon on a very positive note.

Transfer of Training Stage

I talked with Brandon's mother about this incident. Brandon will continue family therapy to deal with his brother's abuse and his own explosive episodes. Brandon's teachers agreed to listen to his attempts to tell us his feelings because Brandon's self-defeating behaviors may occur again if he receives mail from his brother. It also was agreed that Brandon should "check in" at the beginning of each class session with his teacher, whom he trusts and is the most comfortable in talking to.

Instructional Comments —Nicholas J. Long

I selected this Red-Flag, Carry-In Crisis because not only is it an excellent instructional example, but it also offers an

opportunity to respond to some common and significant criticisms regarding using LSCI in public schools.

Criticism 1

"The determination of the student's pattern of self-defeating behavior is too ambiguous a concept to be valid and reliable. Many of the students I have seen in a crisis could fit at least two of six proposed patterns of self-defeating behavior. It appears to me the diagnosis is more a function of the staff than the behavior of the student."

Response to Criticism 1

This criticism reflects only partial understanding of the LSCI diagnostic process of identifying any one of the six student patterns of self-defeating behaviors. The confusion begins whenever a staff person has difficulty distinguishing between the student's presenting pattern of self-defeating behaviors and the precipitating source of his or her problem. A differential diagnosis of a student's pattern of self-defeating behavior is based on an analysis of the student's presenting behaviors, not on his or her underlying issues. Let me explain.

The diagnostic pattern of a Manipulation of Body Boundaries-Crisis Type 1 is based on the dynamics of "false friendship." The presenting pattern involves a relationship in which a manipulative student offers his or her friendship to a student who is emotionally needy only if the latter carries out the wishes of the former. Ultimately, this friendship is not in the best interest of the student with emotional problems, because he or she will end up being exploited and in trouble for acting out the suggestions of his or her "friend." Once this pattern of behavior is identified, the diagnosis of the Manipulations of Body Boundaries-Crisis Type 1 can be made during the timeline stage, followed by specific reclaiming interventions to alter this destructive relationship.

A second look at the behavior of the two students in this example, however, may cause some persons to wonder if the correct diagnosis was made. For example, the manipulative student may appear to be too comfortable with his or her devious behaviors and perhaps could benefit from a Symptom Estrangement Intervention. Likewise, the student who is emotionally needy may appear to lack adequate social skills for making friends and perhaps could profit from a New Tool Intervention. These conclusions are logical, but there are secondary issues. The primary diagnostic issue is the presenting behavior of "false friendship," not these students' underlying issues, which are addressed during the reclaiming intervention, not during the diagnostic process.

To clarify the distinction between a student's presenting behaviors and his or her underlying concerns, I will

review the diagnostic process Brandon's behaviors took. Brandon's presenting behaviors were (a) his initial refusal to get out of the car and (b) his continued negativism once he was in the classroom. The staff members who knew Brandon realized his behavior was unusual and out of proportion to the situation. This was the diagnostic behavior or clue that Dr. Hill needed to consider. After draining off Brandon's intense feeling and obtaining his story about his brother's letter, Dr. Hill was able to confirm his diagnosis of a Red-Flag, Carry-In Crisis. A staff member could argue, however, that Brandon's crisis was also an example of a Red-Flag, Tap-In Crisis and/or a Reality Rub Crisis. The evidence justifying these diagnostic interpretations is as follows:

- This is a Red-Flag, Tap-In Crisis because Brandon's belief that his abusive brother was coming home tapped into Brandon's unresolved feelings of fear, and this sequence triggered massive feelings of anxiety in Brandon, resulting in his subsequent dysfunctional behavior.
- This is a Reality Rub Crisis because Brandon misperceived what he had heard when he listened to his mother read Robert's letter. This distortion triggered his fear of Robert and drove his subsequent dysfunctional behavior.

Both of these interpretations are correct, but they became secondary issues once Brandon carried his problem from home to the remedial reading clinic. Brandon's presenting pattern of self-defeating behavior, which was unusual and an overreaction to a reasonable situation, determined that this was a Red-Flag, Carry-In Crisis and not a Red-Flag, Tap-In Crisis or a Reality Rub Crisis. These additional underlying issues—distortion of reality and unresolved fear of Robert—would be addressed during the reclaiming interventions and not during the diagnostic process.

Evaluating a student's pattern of self-defeating behavior to determine if it represents one of the six LSCI diagnostic crises is a learned skill. Based on my experience, a correct or valid diagnosis will emerge if a staff person is certified in LSCI, has a positive relationship with the student, is able to obtain a complete and honest timeline of the crisis, and concentrates on the student's presenting pattern of self-defeating behaviors.

Criticism 2

"I'm confused about the relationship between the six steps of the LSCI process and the six LSCI diagnostic crises and reclaiming skills."

Response to Criticism 2

Much of this confusion is legitimate and is due to our ongoing refinement of LSCI. Over the past 3 years, we have

expanded and improved the teaching and skills of LSCI, which caused us to add and change some terms and concepts. Unfortunately, not everyone interested in LSCI is aware of these changes, so let me review the major ones:

Developing a Cognitive Map of the Six LSCI Stages. To help staff members know where they are during an LSCI, a cognitive map was developed for each stage, delineating student's role, staff person's role, and specific skills needed to complete each of the six sequential stages. The stages are as follows:

1. The Student Crisis Stage
2. The Student Timeline Stage
3. The Student Central Issue Stage
4. The Student Insight Stage
5. The Student New Skills Stage
6. The Student Transfer of Training Stage

The first three stages will contain the information needed in the diagnostic process to determine if the student's presenting pattern of self-defeating behavior fits one of the six LSCI diagnostic crises:

1. The Red-Flag, Carry-In, Tap-In, or Carry-Over Crisis—Imported Problems
2. The Reality Rub Crisis—Errors of Perception
3. The Symptom Estrangement Crisis—Delinquent Pride
4. The New Tools Crisis—Limited Social Skills
5. The Massaging Numb Values Crisis—Impulsivity and Guilt
6. The Manipulation of Body Boundaries Crisis: Type I or II—Vulnerability to Peer Influence

The last three stages of the LSCI process, consisting of the Insight stage, the New Skills stage, and the Transfer of Training stage, represent the LSCI reclaiming intervention. For each LSCI diagnostic crisis there are corresponding reclaiming interventions to turn the problem into an opportunity for insight, change, and responsibility. The LSCI process consists of determining the proper diagnosis (Stages 1, 2, and 3) and then determining the appropriate reclaiming interventions (Stages 4, 5, and 6).

Criticism 3

"We are not a fancy therapeutic school, loaded with clinical staff who have the time to talk with a student in a crisis. As a counselor, I see 10 to 15 problem students a day. If I spend more than 15 minutes with them, I cause more problems for the staff because my services would not be available to them. LSCI may be great, but it would never work in our school. We have too much to do, and LSCI is too complicated and takes up too much time!"

Response to Criticism 3

This criticism of LSCI is wrapped in a rigid, ironfisted rationalization that prevents and depreciates any new behavior management strategy from ever being considered. This rationalization usually is based on staff member feelings of being overworked and underappreciated, which leads to a sense of helplessness about their situations. Once this type of thinking settles in, any hope that life in this school will get any better is squashed. There is no easy way to penetrate such self-reinforcing rationalization, but some common misperceptions about LSCI can be identified and clarified.

Example 1: LSCI Is an Add-On and Not a Replacement Strategy. LSCI is designed as an advanced, specific strategy for students involved in chronic self-defeating school behavior patterns. It is not a panacea for all student problems. Just as we would not put out a match with a fire extinguisher or give antibiotic medicine when fluids and rest would be effective, we would not engage a student in the LSCI process unless his or her behavior was severe. In general, we believe less-demanding behavior management techniques would be appropriate in 85% of student problems.

Example 2: Successful Implementation of LSCI Practices in a School Does Not Involve Great Expense or School-wide Commitment. With all of the demands on staff members, many times we suggest it is better to begin LSCI quietly and slowly, without any fanfare. One plan we have found successful is to have two staff persons (one must be a counselor, school psychologist, social worker, or administrator) become certified in LSCI during the summer. These two people need to be volunteers. Once school starts in the fall, they will have the skills and the enthusiasm to work effectively with difficult students in a crisis. Inevitably, their success with these students will attract other teachers' interest in LSCI. This is what we call our "build a better mousetrap" philosophy of change.

Example 3: LSCI Can Save Staff Member Time and the School's Reputation. Student crises cannot be scheduled. Once they occur, staff members *have* to respond. In our study of school crises in District 75 of the New York Public Schools, we found that staff members did not start or initiate the majority of student conflicts, but they often responded to the crisis in a way that fueled it and kept it going. They thus escalated the crisis into an explosive situation where the student ended up attacking a staff member, injuring him or herself, and having to be restrained. Occasionally the crisis involved calling the police, which often generated television and newspaper stories about more student violence in the public schools.

Example 4: LSCI Is Not Complicated or Time-Consuming if One Is Trained. LSCI is not easy, but once you learn it, the skill will allow you to participate in more rewarding

and more diverse life experiences. Dr. Hill was trained in LSCI, and the example in this article illustrates the effectiveness of his training. The entire LSCI took no more than 15 minutes, but its impact on Brandon was a significant and meaningful life experience, which I believe he will never forget. Instead of feeling rejected, punished, and/or alienated, Brandon walked out of his crisis having new insight into his pattern of self-defeating behavior and feeling respected and cared for by adults in the school. Life got better for Brandon because Dr. Hill had the necessary skills to turn Brandon's crisis into an opportunity for personal growth, responsibility, and a more trusting relationship with him.

John W. Hill, PhD, is a professor in the department of special education and communication disorders at the University of Nebraska in Omaha. He has also served as director of the Learning

Disabilities Clinic there for the past 24 years. He can be contacted at: Kayser Hall 115-B, University of Nebraska, Omaha, NE 68182. Nicholas J. Long is president of the Life Space Crisis Intervention Institute, professor emeritus of American University, and co-editor of this journal. He can be reached at: 226 Landis Road, Hagerstown, MD.

EDITORS' NOTE

Life Space Crisis Intervention is the focus of this regular journal feature, "Problems as Opportunity." This issue marks the 29th consecutive LSCI instructional article. Each was written to enhance skills in talking with a student during a crisis. For our new readers, some instructional comments may be confusing because these build on previous examples. One solution would be to read any or all the previous 28 issues of *Reclaiming Children and Youth*. An alternative is to become certified in LSCI at one of our many regional conferences.

("The Amazing Discoverers' Club" continued from p. 24)

The following is an example of a typical club session. Social workers chose to use the lesson "Don't Judge a Book by Its Cover." Club members decided whether or not to admit a new person to their club and, in the process, learned how appearance can influence their decisions. Youngsters were given a picture of a child and general information about the child's interests. Half of the youngsters were given a picture of a child who was dirty, whereas the other half were given a picture of a child who appeared neat and clean (see Figures 5 and 6). They were asked if they would admit that child to the club. Decisions were recorded using a 4-point Likert scale (1 = *definitely admit*, 2 = *probably admit*, 3 = *probably not admit*, 4 = *definitely not admit*). Youngsters overwhelmingly selected the neat, clean child and rejected the dirty child, even though the two children had the same interests. Social workers used this discovery as an opportunity to discuss first impressions and how the children "sized up" strangers who approached them on the streets. A debate about whether or not people should make first impression decisions followed.

Conclusion

The Amazing Discoverers' Club offers a viable option for extended-day and after-school programs. Program evalu-

ation data have indicated that students—including youngsters with behavioral and learning difficulties—like participating. What's more, they develop important science knowledge and social and academic skills.

Tanis Bryan and Cynthia Warger are educational consultants with the Foundation for Exceptional Innovations in Reston, Virginia. They can be contacted at: 1648 Bennington Hollow Lane, Reston, VA 20194.

AUTHORS' NOTES

1. The Amazing Discoverers' Club is copyrighted by the Foundation for Exceptional Innovations. The Club was developed and field-tested as part of a U.S. Department of Education, Office of Special Education Programs, Grant (No. HO29K50026).
2. Figures 1, 3, 5, and 6 are from the *Amazing Discoverers' Club Handbook*. They are used by permission.
3. Special thanks to the educators whose work was featured in this article: Mardele Early, Sonya Carter, Rick Smith, Edna Howard, LaClede Tate, Albertha Warren, Georgia Jenkins, Evelyn Machado, and Berta Cardenos.

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