

Case Study: Angela

Angela is a 7th grade girl who is enrolled in a small school district. She's identified as a student with EBD (Emotional Behavior Disorder) and has an IEP. You've been called in to assist with her case as there are deep concerns about behavior and safety on the part of her school team. The team feels that she needs to be in a more restrictive setting, such as an agency school that can serve students with EBDs on a contract basis. The student had been attending a school like this but did not do well in that setting. She has a current IEP and evaluation but does not have a current FBA or PBIP. Her IEP in large part reflects the need for SDI in behavior skills as well as reading and written language but doesn't match the reported extent of need that the team is describing. The behavioral history (a report of ODRs, etc.) reveals that the primary method of working with Angela has been to suspend her for her behavior. In the last year, she was suspended 21 times from school.

An interview with the team reveals that Angela's behaviors toward others (and herself) are so severe that they do not feel equipped to handle her in a school setting. They describe the following behaviors that have occurred over the past couple of years with greater frequency and intensity:

- Verbal aggression toward others,
- Impaired peer and adult relationships,
- Stealing and hoarding items including food,
- Sexualized behavior toward herself and peers,
- Academic/task refusal,
- Cutting and other forms of self-harm,
- Online bullying of other peers on social media sites.

School staff have reported that Angela is "jumpy and reactive," often positioning herself near a door, away from large windows and that she's at times "constantly on guard." They report that she is difficult to like, can be extremely moody and that she appears "entitled." They state that her family should get a handle on her. They share that they worry that when she's "up" she's going to hurt someone, and when she's "down" she just refuses. They don't see any pattern to her behavior and feel that suspension has been the only way to really manage her. The principal, when asked about the perceived purpose and utility of suspension, claims that he must, because the teachers "need a break to regroup from her" and the family "has to have the message sent that this behavior is not okay." There is no clear person who is assigned to her case although she is placed in "Resource Room." They shared that she probably needs to be better medicated, and that they worry about the street value of medications and the possibility of sales occurring from the home.

During your FBA data collection, you have a chance to interview the guardian as well as to meet Angela, who is receiving tutoring. The guardian (a non-parent family member) disclosed that Angela has had a very difficult past as part of a larger family system. Between the ages of 18 months and 2 years, Angela and several of her siblings were left for a week or more at a time alone in an apartment. There was no heat, little to no food, etc. Angela and her siblings were repeatedly placed in foster care. Her father was in and out of prison and her mother was actively involved in drug use. The family eventually became scattered and homeless. Angela and her siblings witnessed domestic violence repeatedly.

Despite the dysfunction, she and her siblings were returned to live with family members off and on from the ages of 2-10. During the ages of 5-10, Angela was sexually abused by males in the home. By

the time she was 11, she was diagnosed with Oppositional Defiant Disorder, AD/HD, and Anxiety Disorder. The non-parent family member shared that the family has not disclosed much in the past because they do not trust CPS, the police or any other “outsiders” who “don’t do anything” anyway. Both of the caregiver’s adult children (one of whom is Angela’s mother) now live in the home, as does the father of the children. None of the adults work. None of this history is in her school record, although the school has been aware of the multiple levels of CPS involvement with the siblings.

Angela, upon observation, is indeed slow to warm. She appears disengaged from academics and easily distracted by anything around her. She demonstrates a lack of social skills including appropriate greetings and affect. She laid her head down for most of the observation and said she wasn’t doing this “f’ing stupid work.”

You recommend that she return to the regular education setting with Resource Room support for the SDI and a re-evaluation to determine her current present levels of academic and functional performance. You informed the team about her extreme trauma history and shared how her behaviors could be a manifestation of this along with a continuation of past trauma. You create a draft FBA and PBIP for the school team that includes recommendations for:

- a) Check in, check out system with a trusted adult using a daily goal sheet,
- b) Assistance with executive functioning skills in all classes,
- c) Breaks to be taught with a routine and given when needed,
- d) Behavioral coaching from the special education teacher and counselor when issues arise, so that she learns to connect her feelings to actions that are supportive,
- e) Consistent positive attention for things that she is doing well,
- f) Monitoring of online activity and peer relationships,
- g) A “job” playing on her interests in the school where she can gain positive attention for pro-social behaviors,
- h) Cessation of suspension as the primary response method for her behaviors, with “ISS” or In-School Suspension being the alternative,
- i) Bi-weekly team meetings to discuss her behavior, goals and progress,
- j) Continually seeing her behaviors through a trauma-focused lens.

After several months, her behaviors continued to be an issue. She was rude to others including teachers, who began to back off and just avoid her in order to lessen the chance of triggering her. Behavioral outbursts were met with suspension. The principal called for a plan for what to do when she had behaviors, and shared that the behavior plan didn’t correctly identify responses, only prevention strategies. Her check in and check out system never materialized. The team continued to valiantly try everything they could just to keep her quiet and “non-explosive.” They are not sure what to do next, and they would prefer that she just attend school somewhere else where others can meet her needs.