



# LSCI

## LIFESPACE CRISIS INTERVENTION

### NEW DIRECTION FOR CHRONIC SELF-DEFEATING BEHAVIORS.

*Do you work with children who display chronic patterns of self-defeating behavior? Turn crisis situations into learning opportunities with LifeSpace Crisis Intervention, an advanced, interactive therapeutic strategy.*

*This powerful series combines a multi-theoretical model integrating Psychodynamic, Cognitive and Pro-Social theories into a dynamic and comprehensive strategy rooted in personal insights, behavioral changes and natural consequences.*

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# Life Space Crisis Intervention: new skills for reclaiming students showing patterns of self-defeating behavior

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Educators and other youth professionals are searching for more effective means of dealing with troubled young persons whose unresolved conflicts can escalate into explosive violence and pose serious dangers to both staff and youth.

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**T**RADITIONAL EDUCATIONAL and treatment paradigms frame problems as pathology or deviance and rely heavily on coercion, punishment and exclusion. However, such approaches often fuel an adversarial climate between adults and youth, and preclude the development of positive peer cultures and safe learning environments. These reactive strategies are contrasted with **Life Space Crisis Intervention (LSCI)**, which capitalizes on problems as opportunities for learning and growth. LSCI provides staff with specific competencies for successfully managing crises with students showing six common patterns of self-defeating behaviors. The LSCI Institute provides certification in these advanced reclaiming skills for youth at risk.

The pattern is familiar. A young person has increasing conflicts with family, school or community. Adults in his or her life space are unaware of the nature

of the youth's inner turmoil and become frustrated by chronic, escalating troublesome behavior. Punishment or exclusion only drives these youth further from the social bond, and makes them resistant to traditional counseling strategies. Increasingly cut off from supportive mentors and prosocial peers, the young person gravitates to other alienated youths who share a hatred of adult authority and institutions. These youths may retreat in lonely isolation or explode in violent acts, evoking further rejection and punishment. They may be seen by many professionals and agencies, but they are known by none.

Another crisis is brewing regarding the limitations of our paradigms for educating and treating at-risk and troubled students. Schools, courts and the mental health system are being overwhelmed by growing populations of youth who are alienated from adults,

# ISSUES and ANSWERS

## VIOLENT BEHAVIOR

in children and adolescents

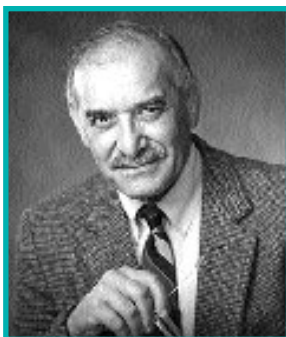
institutions and values. Whether this system failure becomes an impending catastrophe or an occasion to develop creative new treatment strategies depends on which of two terms is selected to define crisis: “disaster” or “opportunity.”

### Crisis as disaster...

Crisis as disaster is based on the belief that nothing good or hopeful will result from the problems humans encounter in negotiating the challenges of life. In this view, the negative forces of a crisis are allowed to overwhelm the resources and skills of the individuals. This view of crisis applies to educational and human service agencies as well as to individuals. In mental health, education and the courts, there has been a preoccupation with deviance and deficit, and a blindness to the strengths, resilience and malleability of youth. With this mindset, interventions tilt towards coercion or exclusion in a climate of punitiveness or flaw-fixing.

### Crisis in mental health

Public mental health services are conceptualized on an illness model in which health is characterized as the absence of psychopathology or mental illness. These services are struggling. They also have little validity when it comes to treating our most troubled urban children and youth. There is growing evidence these programs have all the predictable signs of professional



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suicide, with clinicians who are overworked, underpaid and functioning in a reactive mode. Professional judgment is overruled by mavens of managed care who ration services and rely on down-step services and psychoactive chemicals to silence rebellious youth. Interventions consist mainly of brief diagnostic assessments and short-term symptom management. The best practices ideal of a continuum of comprehensive services from consultation to milieu treatment is a hollow promise. Affordable residential care is a rarity, and the prevailing model is to “stabilize and discharge.”

The plight of mental health services for children and youth goes well beyond the lack of financial support and overworked staff. A psychologist at a public mental health center diagnosed this problem when she said, “We have an effective psychotherapy program, except the schools and courts are referring the wrong cases to us.” Her observations are painfully correct. The children and youth being sent to psychotherapists arrive with multiple problems of developmental neglect, abuse and rejection. They often live in a hostile environment comprised of

**L** Life  
**S** Space  
**S** Crisis  
**C** Intervention  
**I**

fragmented and overbearing families, alienated schools and the destructive social forces of guns, gangs, drugs, promiscuity and poverty. In the majority of these cases, the therapists are unable to separate intra-psychic problems from ongoing crises at home, in school and in the community. Consequently, the social-emotional needs of these troubled children and youth often exceed the resources and skills of the therapists. Weekly scheduled psychotherapy sessions simply are not enough to be effective, and many youth are highly resistant to traditional office-based counseling. In addition, clinicians are acknowledging the limitations of any single theory of psychotherapy. The many needs of troubled children and youth cannot be squeezed into a behavioral, psychodynamic, cognitive or social learning modality, except for narrow types of help.

If mental health services for troubled children and youth are to survive, programs must reevaluate the illness model of treatment and develop a comprehensive strength-based model. Young people must be seen as resourceful participants in their own healing, not passive patients who need fixing. Likewise, parents of troubled children must not be labeled as “dysfunctional” when it is the health services system that really deserves that tag. Parents and professionals must forge partnerships to advocate for effective programs for the children and youth in their care.

### **Crisis in the schools**

The majority of troubled students are not being served by effective inclusion, nor are they participating in quality alternative or therapeutic school programs. Most are languishing, fighting and disrupting the education programs in their schools. The frequency and intensity of their inappropriate behaviors continue to be an alarming problem for teachers. For example, the authors have directed school

consultation programs, alternative school programs and private residential facilities. Recently, we have observed more primitive and bizarre student behavior in the public schools than we have ever witnessed in our residential facilities.

At-risk and troubled students are also bringing all the social ills of our society into the classrooms, causing teachers to feel overwhelmed and helpless. When schools separate these youth into alternative programs, the programs often become little more than what Knitzer has called “curriculums of control.” In some states, there is no requirement that schools even offer alternatives for expelled students who are banished to roam the streets as aliens. The legal principle of “zero reject” (all students are entitled to an appropriate education) is being overridden by the political Newspeak of “zero tolerance” (hold kids fully accountable, but allow staff to give up on difficult youth).

Instead of providing special services, some schools are criminalizing misbehavior by transforming unfortunate schoolyard conflicts into violations of the criminal code – doing whatever it takes to get rid of a particularly disruptive child. What once might have been seen as a playground fistfight becomes battery, and threats and profanity become assault. Recently in a nearby school district, one second grader who carried a plastic butter knife from the cafeteria and another who poked a peer with a pencil were both charged with possession of weapons. It is not that these incidents are insignificant.

However, we wonder that any responsible educator would think the criminal justice system can raise kids better than schools. Since such behavior is often related to emotional disturbance, schools that want to dump their troubled kids need to keep these students from being identified as disabled. In some states, school-based services for seriously emotionally disturbed students are truncated by consultants

who show school boards clever tricks for keeping special education off limits to conduct problem, oppositional and attention-deficit/hyperactivity disorder children. Strikingly, children with these disabilities constitute a majority of youth who end up incarcerated in the juvenile justice system (Garfinkel, 1998). Thus, many seriously emotionally disturbed children are being deprived of appropriate special services with the rationalization that these youth don't have a "real" disability, but are just choosing to act in a socially maladjusted manner. Of course, all of us choose how to act, but the key issue is why a youth would decide to keep behaving in a self-defeating manner even when that behavior is ruining his or her life.

Traditional strategies for discipline fail dramatically with a significant portion of highly troubled students who do not benefit from either punishment or exclusion. Students with emotional and behavioral disorders are the most likely to be suspended and expelled, and, ultimately, to become dropouts or pushouts from school. These youth fail to graduate at a rate greater than any other disability group, even students with mental retardation. When behavior problems persist in spite of interventions, it would seem that a sensible response would be to discard the intervention instead of the student.

### Crisis in the courts

In a typical year, 3 million children in the United States come into contact with the juvenile justice system. This happens to be the same number who come to the attention of the child welfare system because of allegations

of neglect or abuse. Research by the Child Welfare League of America (Petit and Books, 1998) shows that these are often the same kids. Children who first encounter the child welfare system because of neglect or abuse are 67 times more likely to be delinquents before they are teens.

Whatever sympathy the public has for the young victim of child abuse quickly dissipates when the victim becomes a



victimizer in the community or a terror in school. Mary Sykes Wylie, senior editor of "Family Therapy Networker," puts it this way: "It is as if, in the public mind, a pathetic, battered little child enters a black box and emerges

from the other side a strange, terrible creature... a vicious thug who certainly has nothing in common with the poor little tyke who went in." (Wylie, 1998, pp. 34-35.)

As the mental health and educational systems wash their hands of troubled children, the justice system becomes the placement of last resort. Experts in juvenile justice are calling for reforms based on positive youth development and restorative justice, which builds competence in offenders. However, many politicians prefer to serve out just desserts as they continue to shift resources away from prevention and treatment, and towards warehousing responses. There is not a shred of scientific evidence that this punitiveness makes any sense. The pendulum will swing when leaders realize they are pouring scarce resources into a black hole. In the final analysis, conserving our youth is a conservative value, but wasting our youth is not.

At a time when we know a great deal about what works in the prevention and treatment of juvenile crime, the United States cannot continue investing hugely in models of proven failure. In the 1970s, criminologist Martinson reviewed research on treatment of delinquents and erroneously concluded that nothing works. In subsequent research, Martinson retracted this position, but his pronouncement continues to provide great inspiration to those who would discard delinquents. The United States is in the throes of what is called the "adultification" of juvenile justice. Simply stated, we are tilting strongly away from the traditional role of the juvenile court in serving the needs of delinquent children. Instead, we are dishing out mean-spirited punishments, including placing large numbers of youths in the adult correctional system to serve prison sentences for a host of crimes, violent and otherwise. We even have 66 young people who await execution for crimes they committed as juveniles, and many

more serving life terms. This human tragedy is unique to America, since all other democracies recognize international law that prohibits such sentences for children. Even with these most serious offenders, there is evidence that we have available models that can effect change, but retribution is replacing redemption as the goal of juvenile courts. As Wylie (1998, p. 37) concludes:

It seems horribly appropriate that, having denied children the kind of care and protection that all young human animals must have, we then decide to punish them, in essence, for our failure to raise them in the first place... and all the fancy rationalizations for adult sentencing of children – however undeniably awful they and their crimes are – foreshorten not only their future, but ours. What do we think these 11- and 14- and 16-year-old jailed felons will do when they are released? Become insurance brokers? Has there ever been a plan so exquisitely calculated to visit the sins of the fathers upon the children – and their children's children?

### **LSCI: an alternative to reactive strategies**

Traditional approaches to troubled youth are inherently pessimistic and reactive, and keyed to the deviance and dysfunction of youth. Youth who provoke hostile encounters with others often import to school dysfunctional attitudes and behaviors developed in the family or on the street. Redl (1957) described these children who hate as caught up in patterns of distorted private logic and maladaptive coping strategies. They often feel they are "picked on" or "discriminated against," even in the face of benevolent authority figures. Unfortunately, the "common sense" disciplinary response of punishment or exclusion may only cast adults in the role of enemy, and reinforce the angry or rejected youth's distorted thinking and behavior.

While judicious use of wise punishment does not convey rejection or disrespect for youth, a punitive climate does, and it is destructive to group morale and discipline. When adults telegraph their negative expectations and rule by threat and coercion, youth have two choices. Some rebel and fight back. Others submit to intimidation and become moral hypocrites, obeying as long as they are under the fear of punishment. Punitiveness breeds bullies and hypocrites, and rebellion becomes a badge of courage (Redl, 1957). In this negative climate, students are usually well aware of serious problems of their peers, but a code of silence precludes bringing these problems to light or working collaboratively with adults in creating a safe living and learning environment. Certainly, school rules and community laws require sanctions for seriously anti-social behavior. However, one

cannot assume that the punishment alone will “teach them a lesson.” If punishment is indicated, then the crisis surrounding this punishment may itself provide an excellent opportunity for learning and growth. The authors have conducted life space crisis interventions with youth who have engaged in violent crimes leading to severe criminal sanctions. Even these human tragedies can serve some purpose if a youth can be helped to re-examine and transform a troubled life.

Many troubled youths distrust all adults and engage in patterns of coercive interactions and conflict cycles. Instead of using adults for guidance, they oppose or manipulate persons in authority. They also become very skillful at avoiding or resisting counselors who use the traditional “deficit and disease” model of mental illness. In contrast, LSCI employs a strength-based approach of problem-solving (Table 1).



### Traditional and LSCI approaches to youth problems



Table 1

The focus of LSCI is on understanding the reasons for counterproductive conflict cycles. This entails enlisting the youth in a careful analysis of crises which negatively impacted the youth. An analogy would be a coach guiding players in reviewing videos of a losing game to see what went wrong. "Time line" sequences of various crises are drawn to establish what factors elicit and maintain dysfunctional behavior.

### LSCI in action

From 1993 to 1997, Dr. Nicholas Long served as a psychological consultant to the staff of the New York City Public Schools, District 75, Alternative School Program. The NYC Public School has identified approximately 100,000 at-risk students, and District 75 has enrolled over 9,000 troubled students in their various special education classes located throughout the boroughs of the city. The primary purpose of this consultation was to

explore ways of reducing the frequency and the intensity of schoolwide student crises. (A schoolwide crisis was defined as a conflict that escalated into an explosive situation.) In such conflicts, reason jumped overboard and chaos became the captain of the situation. These conflicts escalated to a level in which a student attacked a peer or staff, or a student had to be physically restrained. During the first year, 80 such schoolwide crises were selected and reviewed, resulting in these findings:

**1. School crises do not happen by appointment.** School crises happened at the least convenient times for the staff. These crises most commonly happened during the first 40 minutes of the school day; during transitional periods when students were changing classes; and when the staff did not see the initial precipitating incident, but had to intervene and stop some dangerous behaviors.



**2. During a crisis, teachers rely on their personal authority.** When school staff found themselves in a confrontational situation with a student, they frequently relied on the powers of their authority to encourage a student to change his or her behavior and conform to school rules. Unfortunately, these students had little respect for authority and were not easily intimidated. The common use of teacher threats – such as fear of failure, detention, transfer to another school or expulsion – had little consequence on these students. In fact, the use of authority and teacher threats as a management technique not only was ineffective, but also escalated the conflict. These students needed to understand and take responsibility for their behavior rather than simply be coerced into superficial behavioral compliance.

**3. School crises are triggered by a minor incident.** Typically, school crises began with minor inappropriate student behavior such as not staying on task, walking around the classroom, teasing peers and arguing over the fairness of a behavior modification point system. In most situations, the staff did not start or initiate the conflict, but they often responded in a style that fueled the conflict and kept it going. They often used words that inflamed the student's anger, triggered a confrontation and depreciated self-esteem. During such a student/staff exchange, the staff were quick to speak, slow to listen and reluctant to use positive behavior management techniques.

**4. Staff become caught in the Conflict Cycle.** The Conflict Cycle is a basic paradigm that explains why normal, healthy, reasonable staff can behave in ways that are significantly different from their personalities. For many years, the literature on staff/student interactions documented only how staff behavior impacted on student behavior. While this relationship is undeniable, it also is true that during stressful times, a troubled youth can

shape staff behavior by recreating dysfunctional feelings in the adult. If staff are not trained in understanding the dynamics of the Conflict Cycle, they will end up mirroring the student's behavior and escalating the student's conflict. This circular interaction between a troubled student and a staff member is presented in Figure 1.

The dynamics of the Conflict Cycle demonstrate how a student in a stressful situation can create identical feelings in staff. Adults who act on their feelings and do what feels natural inadvertently mirror the student's behavior and make the crisis worse. During these incidents, staff are programmed to respond like a thermometer, and reflect the same emotional fever of the student. For example, an aggressive student shouts at a teacher and says, "I'm not going to do it!" The teacher will then become counter-aggressive and impulsively shout back, "Yes, you will!" If this sequence continues, the student will fulfill a prophecy and irrational belief that all adults are hostile and rejecting.

In the case of a depressed student, the student may tearfully say to her teacher, "Please leave me alone! There is nothing you can do to change anything. Nothing in my life has meaning or is interesting." The teacher initially will feel sorry for the student and try to comfort her. But if this sequence continues, the teacher will feel frustrated and, ultimately, helpless. She will sense her counter-depressive feelings when she is around this student and, over time, she will say to herself, "Maybe she is right. Maybe it is best if I leave her alone and talk to this other student, Anna, instead. At least Anna is interesting." In this example, the teacher fulfilled the student's prophecy that no one could help her and she is unworthy of help. There are no winners when the Conflict Cycle escalates to this level. The Conflict Cycle cannot be broken by asking a student in stress to shape up and act more maturely. If

# The Conflict Cycle

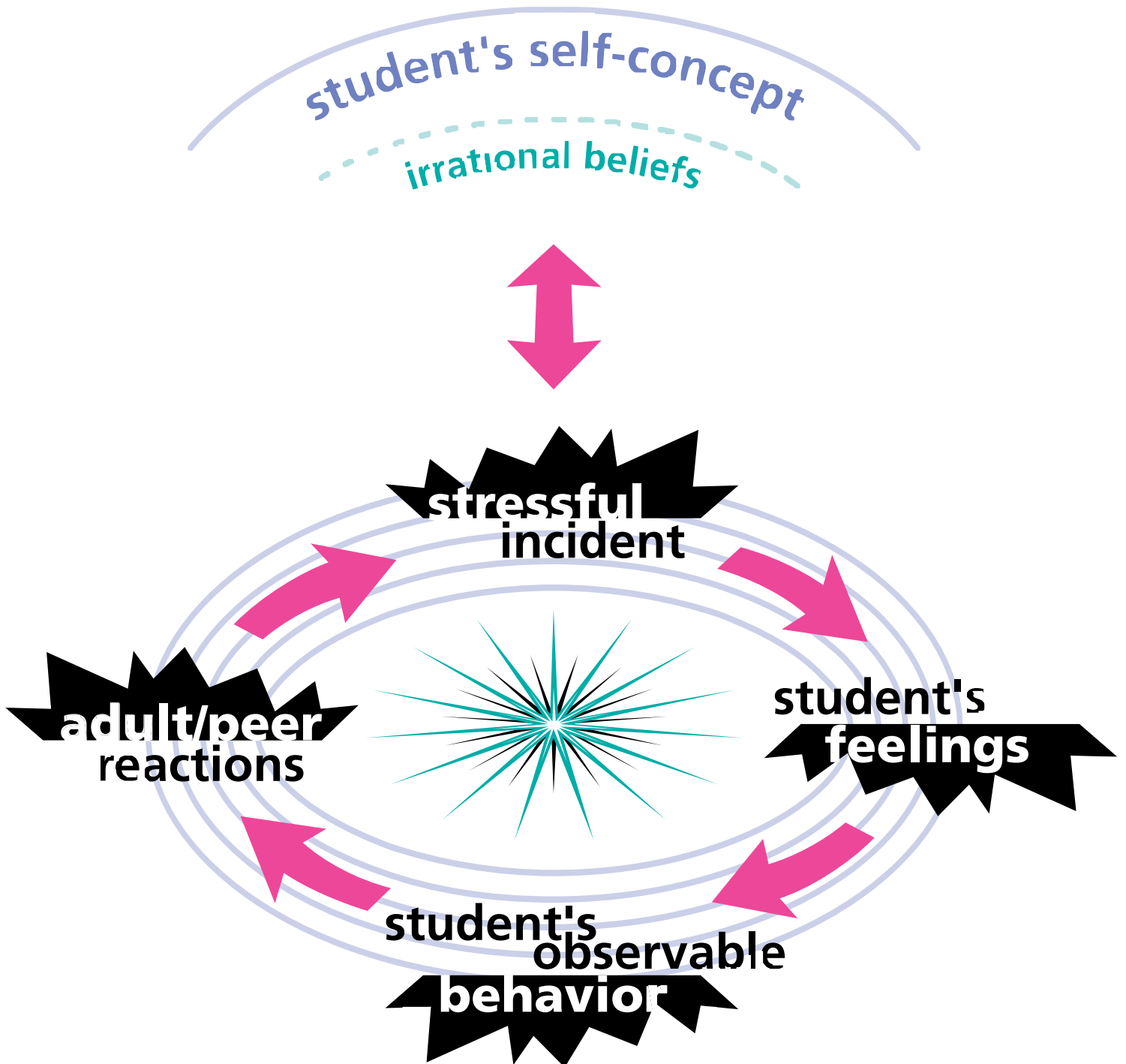


Figure 1

## THE CONFLICT CYCLE

- 1 An incident occurs (frustration, failure, etc.) that **ACTIVATES** a troubled student's irrational beliefs (e.g., "Nothing good ever happens to me," "Adults are unfair!"), which in turn defines it as a stressful incident.
- 2 These negative beliefs and thoughts determine and **TRIGGER** the intensity of the student's feelings.
- 3 These intense feelings – not the student's rational forces – **DRIVE** his or her inappropriate behaviors.
- 4 The inappropriate behaviors (yelling, threatening, sarcasm, refusing to speak) **INCITE** adults.
- 5 Adults not only pick up the student's feelings, but also they frequently **MIRROR** the student's behaviors (yell back, threaten, etc.).
- 6 These negative adult **REACTIONS** increase the student's level of stress, escalating the conflict into a self-defeating crisis.
- 7 Although the student may lose this battle (i.e., he or she is punished), the student wins the war! His or her **SELF-FULFILLING PROPHECY** (irrational belief about adults) is **REINFORCED**. Therefore, the student has no motivation to change or alter the irrational beliefs or the inappropriate behaviors.

change is to occur, it must begin with the staff and not the students.

**5. Crises arise from three major causes.** An analysis of student crises revealed that the crises all followed the same sequence of behavior, but that they developed from three different sources:

### A. Normal developmental issues.

Growing up in an urban society is stressful, and even well-adjusted students can become temporarily upset when their attempts to become independent, win group approval, develop ethical values and seek intimate relationships go awry. They can become flooded by their feelings of disappointment, shame, excitement and sadness, and can profit from skillful crisis intervention. These students are quick to learn from this support, demonstrating that crisis intervention is not restricted to troubled children and youth.

**B. Situational forces at school.** This type of student crisis is more a function of the dynamics of the school and activities rather than the personality of the student. A student can misinterpret interpersonal comments, can be teased or bullied by the group, frustrated by the assignments, falsely accused of an act and confused by staff directions. When these stressors erupt into a crisis, the student will need abundant adult support and clarity to understand and profit from this crisis.

### C. Unresolved psychological issues.

This type of student crisis involves at-risk and troubled students. It represents the most severe and complicated form of conflict. Most often, these students cannot separate the

emotional problems they have experienced at home and in the community from the current problems they have at school. The slightest frustration or disappointment can open old wounds and trigger characteristic patterns of self-defeating behaviors. Psychologically, the crisis may signal unresolved issues of abandonment, rejection or abuse. These students are the most difficult to help, representing a major challenge to educators.

In conclusion, our experience with the New York City Public Schools alternative program highlighted the challenges posed by serious student conflicts. This is not a criticism of the staff, but a statement that professionals have not been prepared adequately to manage this new level of student disruption. When teachers lack tools to manage such situations, crises can become disasters.

### Crisis as opportunity

In this paradigm, a crisis is perceived as a glass half filled with water rather than half empty. This way of thinking mobilizes the student's resources and potential strengths instead of dwelling on deficits, dysfunctions and disorders. A crisis represents a unique time to help a student come to grips with an important life problem, which the youth often has denied. When successfully managed, a crisis can illuminate his or her pattern of self-defeating behavior and provide strength-based social skills. Unlike with Humpty Dumpty, the paradigm of "Crisis as Opportunity" entails putting all the pieces together again in a stronger and more resilient way. It is a time for personal growth, accepting responsibility and enhancing meaningful relationships.

### LSCI as an advanced strategy of the “Crisis as Opportunity” paradigm

LSCI is an advanced, sophisticated and effective strategy of using a student crisis as an opportunity to promote insight and change. It uses the curriculum of direct life experiences in the student’s natural habitat with a staff member whom the student comes to trust. This is a respectful encounter casting the staff member in a role as the student’s life skills coach and not his or her prosecutor.

LSCI does not supplant other behavioral, educational or therapeutic strategies that have been shown to be effective. Rather, it begins where other behavior management systems end. It provides advanced interventions designed for specific students who show common patterns of self-defeating behavior. We have referred to LSCI as an advanced firefighting and fireproofing strategy. During the diagnostic stages of the LSCI process, the staff is nonjudgmental. But unlike classical psychotherapy, the intervention is not value neutral. Instead, if the student is not motivated to acknowledge his role in the crisis and change his inappropriate behaviors, further interventions are initiated around clear ethical values about how people live and treat each other in a group setting. LSCI is reality based, clinically powerful and multi-theoretical. It integrates research-validated psychoeducational management techniques into the intervention process. Finally, LSCI is not a rigid or predetermined strategy. This method demands staff be at their very best when the situation becomes increasingly worse. Adults must learn to feel comfortable with their feelings around situations of confusion and uncertainty, and be able to listen to youth without a script, always being sure where this genuine communication might take them.

### The importance of being with a student who is upset

Children are genetically programmed to reach out to others in times of crisis, but existing management models isolate them during these critical periods. The popularity of this exclusionary option is likely related to its escapist value to adults who are uncertain about how to handle difficult incidents. We believe that it is usually important for staff to be with a student in a crisis as soon as possible. This is a departure from the common management decision of sending an angry student to a “cooling off” room, and speaking with the student only when he or she is rational. The justification of using a “time out” period is predicated on the concept that talking with a student who is upset only reinforces the student’s negative behaviors. This is absolutely true if the staff are unable to control their counter-aggressive feelings and lack effective de-escalating skills.

From our experience, we know that there are many clinical advantages of being with a student at the peak of his or her anger, depression or regression, particularly if the crisis represents an unresolved psychological issue. Participating in this crisis process is like observing the student in a Rorschach test – except the material is not symbolic, but an actual expression of his psychological status. This experience can open a window of opportunity to observe and document the student’s irrational beliefs, aggressive impulses, reality testing, level of anxiety, defense mechanisms, feelings of guilt and shame, and coping skills. It highlights the student’s characteristic way of perceiving, thinking, feeling and behaving, and his pattern of self-defeating behavior. Most important, the student will not be able to deny and cover up what took place between the two of them during the crisis. We have found that talking with a student even an hour after the crisis may produce filtered information and

protective comments designed to obscure the helping process. In addition, there are many benefits that accrue for the student:

- 1** Students are valued and treated with respect by significant adults who see them at their worst.
- 2** Students learn to trust caring adults and use them for support in time of crisis without fear of rejection and punishment.
- 3** Students become aware of their patterns of self-defeating behavior.
- 4** Students connect their thinking, feeling, behaving, with reactions of others.
- 5** Students acquire specific strength-based social skills.
- 6** Students accept responsibility for inappropriate actions.

### A brief history of LSCI

LSCI grew from the creative contributions of Redl and Wineman's theory of Life Space Interviewing (LSI) developed for treatment of delinquent youth in Detroit in the 1950s. Redl and Wineman were the first to document and advocate using an adolescent's crisis as a core therapeutic component of treatment. To accomplish this goal, they trained the staff who spent the most time with the youths to use LSI during a crisis and to become central professional members of the treatment team. The interest in LSI grew, becoming included as a skill for teachers, child care workers and crisis staff who worked with emotionally disturbed children and youth in residential care facilities. However, from the late '60s to 1980, the technology of behavior modification and "behavioral engineering" dominated the field. LSI and other relationship-based interventions declined in prominence. In 1981, Long and Fagen published a monograph on LSI as a needed skill to help educators



mainstream troubled students into their school. LSI experienced a revival in special education, but still lacked a teacher-friendly textbook. In 1992, Mary Wood and Nicholas Long filled this gap by publishing “Life Space Intervention.” In the same year, Long and Fecser took the next step and developed a certified program in LSCI, creating the professional structure and standards for future training. This training program also involved making some refinements and modifications to LSI theory to facilitate teaching this model:

- 1** The name was changed from “Life Space Interviewing,” which was too restrictive a term, to “Life Space Crisis Intervention,” which was more inclusive of other therapeutic methods now incorporated with this psycho-educational model.
- 2** Redl and Wineman were such talented and charismatic clinicians that they gave the impression LSI was easy to learn, when, in reality, it is a highly complex and advanced strategy. To counter the growing number of interpretations of LSI, Long and Fecser analyzed the process and identified 26 teachable competencies. Professionals enrolled in the LSCI certification program must demonstrate both intellectual knowledge and behavior skills of each of the competencies.
- 3** A new cognitive map had to be written to prevent staff from becoming lost and confused during the LSCI process. While interventions cannot occur in a scripted manner, adults need a logical plan to structure their communications.

### An LSCI roadmap to keep staff on track

Talking with students in a crisis is not initially a comfortable process for staff. This experience most often leads to confusing and chaotic student-staff interactions, resulting in frustrating and jumbled outcomes. This explains why

many of the popular “crisis training programs” focus on staff safety and de-escalating skills rather than attempting to use the student’s crisis to help him or her develop personal insight and accountability. For example, in one of our studies, 100 student crises were written up and reported by school counselors, psychologists, social workers and special educators. Their reports were reviewed and compared to the six stages of the LSCI process as shown in Figure 2.

These comparisons yielded the following findings:

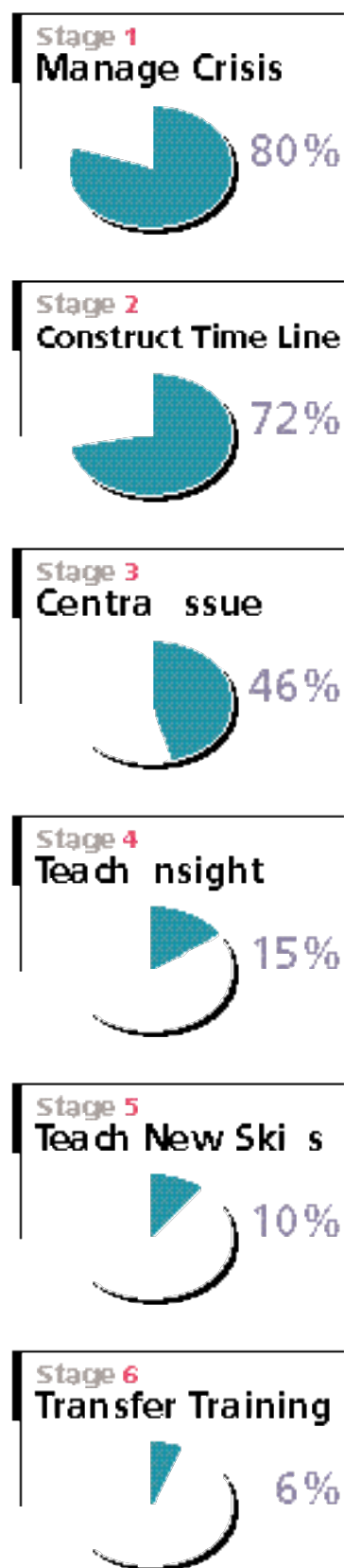
- **Stage 1.** 80 percent of staff were successful in de-escalating the student crisis.
- **Stage 2.** 72 percent of staff obtained a reasonable sequence of the student’s crisis.
- **Stage 3.** 46 percent of the staff were able to define the central issue of the student’s crisis.
- **Stage 4.** 15 percent of the staff were able to use the student’s crisis for an opportunity to teach and for the student to experience some awareness of or insight into his or her pattern of self-defeating behavior.
- **Stage 5.** Only 10 percent of the staff were able to identify and teach the appropriate social skills the student needed to prevent a similar crisis from occurring.
- **Stage 6.** Only six percent of the staff were able to provide effective guidance for the student reentering the classroom, and to consult with the classroom teacher to help reinforce any of the student social skills when demonstrated.

This data demonstrated that staff were skilled in de-escalating and obtaining a reasonable time line. But when it came to using the student’s crisis as an opportunity for insight and accountability, most staff became bewildered and were ambivalent about what to do next. The most common choices were to give the student a school consequence or to use a brief, scripted,

## Staff competency in the six stages of the LSCI process



Figure 2



cognitive problem-solving exercise that seldom had any meaning or value to the student. These findings sent a clear message. If we were going to be successful in teaching LSCI to our colleagues, we had to provide them with a cognitive map of the LSCI process, pinpointing the student's role, the staff's role and the specific skills needed to complete each of the six sequential stages. This cognitive map would provide staff with the knowledge of where they were in the LSCI process and what they would have to do next. It would offer them positive directions and ways to avoid being sidetracked and derailed by the multiple issues and behaviors presented by the student. Figure 3 represents a general overview of the six stages of the LSCI process. The first three stages involve diagnostic skills, and the remaining three stages represent reclaiming skills.

### Interventions for specific patterns of self-defeating behavior

As seen in Figure 3, the first three stages of the LSCI process involve the staff in de-escalation and initial diagnostic skills. After de-escalating the student's crisis (Stage 1) and obtaining his or her story about the crisis (Stage 2), the staff identifies the central issue (Stage 3). At this juncture, staff may decide to limit the intervention to "emotional first aid" and handle the problem by routine management practices.

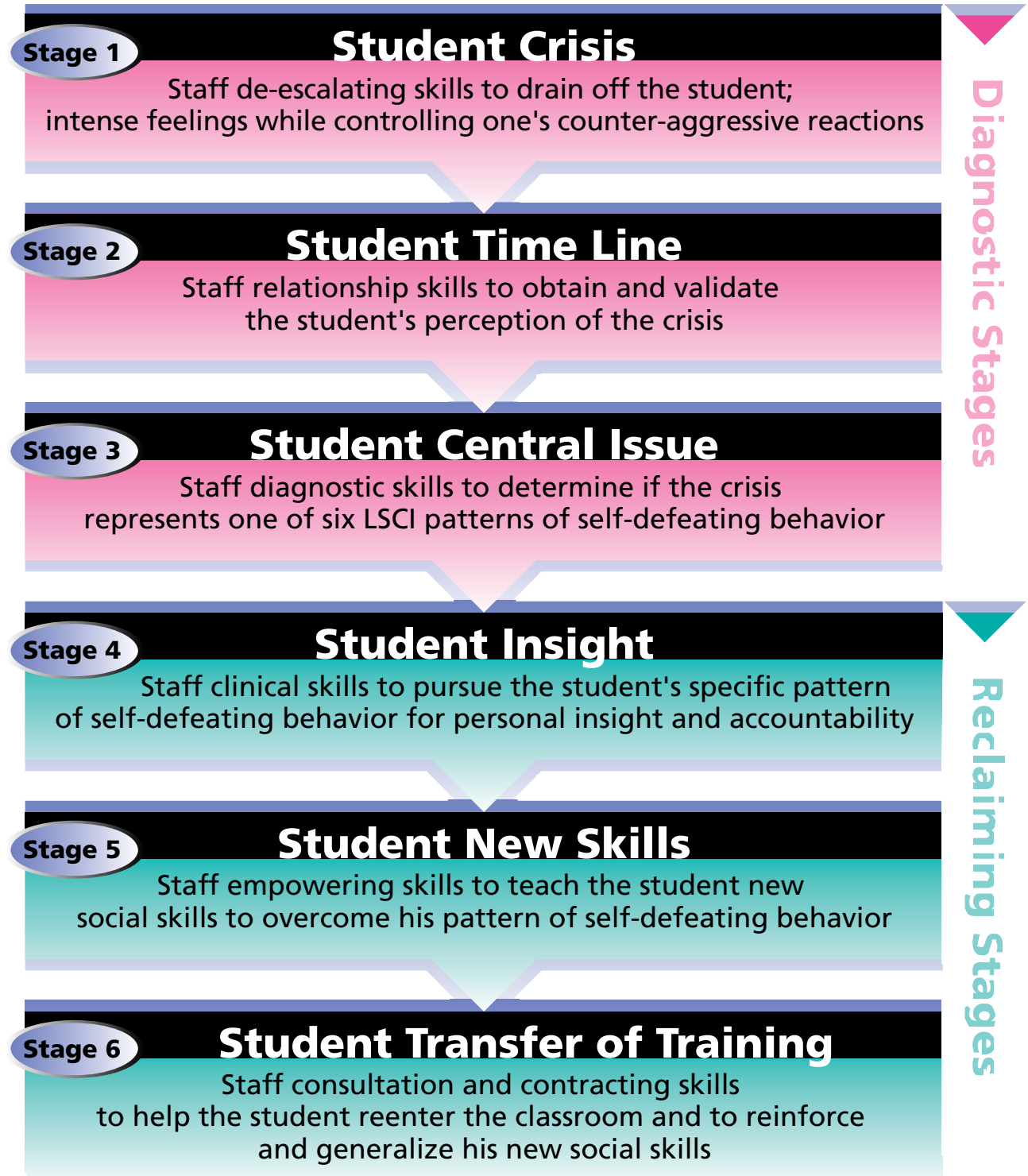
However, if this particular crisis shows a characteristic pattern of self-defeating behavior, the decision may be made to proceed with a more intensive intervention, which Redl called "clinical exploitation of live events." This involves helping the student gain insight into the nature of the problem (Stage 4), teaching the student new skills (Stage 5) and working to ensure generalization or transfer of training (Stage 6).

Six types of patterns of self-defeating behavior that are common among children and youth are highlighted below. Specific interventions have been developed for each of these patterns.

**1. Imported problems: The Red Flag Intervention.** This pattern involves students who carry in a home/community problem and displace it on the staff. This is called a "Carry In Red Flag." A variation involves students whose unresolved psychological problems are ignited by a school discussion or activity about topics such as death, sickness, abuse, rejection, etc. This is called a "Tap In Red Flag." In each case, the student overreacts to a neutral situation such as an adult request or assignment. A Carry in Red Flag Pattern often takes place within the first 40 minutes of the school day. The teacher may ask the student to take off a hat, sit down or open a book. This reasonable request is followed by an explosion of hostile insults towards the teacher, subject and school. The student appears

Figure 3

# Cognitive Map of the Six Stages of the LSCI Process



to want to fight with the staff and to escalate the crisis into a no-win power struggle. The diagnostic cues for the staff are the intensity and duration of the student's anger. The staff must sense the degree of anger is all out of proportion to the incident. When this happens, the student's anger most likely has another source, but is dumped on the staff. This means the staff receives the anger, but doesn't deserve it. This is a classic example of a defense mechanism called "displacement." The Red Flag crisis is a cover-up and a way of avoiding an unresolved personal problem by creating a new problem in school. This is the most volatile of the student crises, because the staff is surprised by the student's reaction, doesn't deserve this kind of treatment, and may be provoked into feelings of righteous rage that can escalate a crisis into a catastrophe.

**2. Errors in perception: The Reality Rub Intervention.** Most behavior that doesn't make sense is understandable when the private logic of the youth in crisis is discovered. Often, stressful situations evoke errors or distortions in thinking or perception. This pattern is seen when a student is upset by frustrations in school that create heightened anxiety and distort the perception of reality. The student sees things, hears things and remembers things during a crisis – not as they are, but as they are perceived emotionally. The student has selective attention, social blindness and tunnel vision. He or she is likely to be selective in memory and to misinterpret a comment. The diagnostic cues take place during the Time Line Stage of the LSCI as staff try to understand the sequence of events by using the Conflict Cycle.

**3. Delinquent pride: The Symptom Estrangement Intervention.** This intervention involves students who are purposely aggressive and exploitive toward others while justifying their actions and even casting themselves in the role of the victim. They refuse to

accept responsibility for their actions, using language such as, "I didn't start it," "He dissed me, and deserved what he got" and "I handled it because the teachers would not have done anything." They usually are in control during the crisis and have little difficulty describing the sequence of the conflict, except to minimize their role. The diagnostic cues occur when they are asked how they feel about their aggressive behavior. Their typical answer: "Fine." They show little or no guilt about their behavior, and have no motivation to change. Their mantra is, "It's not my problem." Gibbs and colleagues (1998) note that these anti-social youth often show narcissistic thinking, blame others while minimizing their own problems, and assume the worst about the intentions of others. They may have some conscience, but it is underdeveloped and easily silenced by their egoistic thinking. Delinquent behavior is seen as "cool," and considerable payoff is gained from this world view. This pattern is easy to identify, but difficult to change. These students are masters at provoking counter-aggression in adults or causing adults to give up on them. In LSCI, "fight" or "flight" are not staff options. Instead, adults employ skills in caring confrontation without modeling hostility or disrespect. Only as these youths become uncomfortable with their behavior and experience genuine guilt will they be motivated to change.

**4. Impulsivity and guilt: The Massaging Numb Values Intervention.** This pattern involves students who are impulsive, but feel guilty about their inappropriate action after some rule violation resulting from their lack of restraint. Often they are burdened by their feelings of remorse, shame and inadequacy, and may seek out some form of punishment to cleanse their guilt. These students often have a history of being abused, abandoned and deprived. The diagnostic cues occur in observing their non-verbal behaviors. Their posture,

face, eyes, arms and legs reflect a state of anxiety and guilt. Unlike the youth with symptom estrangement, they do not need to experience more guilt, but to strengthen and activate their positive values to prevent impulsive behavior.

**5. Limited social skills: The New Tools Intervention.** This pattern involves students who initially were motivated to avoid interpersonal closeness and learning. Now they want to relate to staff, be successful at school and develop peer friendships. But even though they now have the right attitude or the correct intentions, they still lack appropriate social skills. They seek teacher attention by talking without permission. They cheat on tests, and they try to make friends by teasing their peers in depreciating ways. The diagnostic cues occur when the staff identifies a youth who has good intentions, but inappropriate behaviors. The intervention involves assessment of needed skills and instruction, which provides the youth new tools for interpersonal behavior.

**6. Vulnerability to peer influence: The Manipulation of Body Boundaries Intervention.** This pattern involves two diagnostic variations. The first involves a student who usually is emotionally needy and isolated. This student is vulnerable to influence by an exploitive peer who reaches out to him or her. However, the friendship is maintained only if the neglected student is willing to act out the wishes of the exploitive student. This pattern is called “false friendship” because the manipulative student used the isolated student to meet his or her needs. This need for belonging is also seen in certain youngsters who are vulnerable to gang influence, such as “Yummy,” the young Chicago boy who willingly carried out a murder to gain acceptance, only to be murdered himself by those who exploited him. A common diagnostic cue occurs when both students are seen

together in a discussion of some inappropriate behavior. While the isolated student may exhibit signs of anxiety, the manipulative student appears detached and cool.

The second variation involves an aggressive student who is set up by an intelligent passive-aggressive student. The aggressive student is unaware of how the passive-aggressive student gets him “out of control.” For example, the instigator may make subtle provocations not noticed by staff. Then, the aggressive student may try to hit the passive-aggressive student, but ends up being physically restrained by the staff. The aggressive student gets a punishment while the “innocent” instigator student remains in the classroom smiling with renewed confidence.

### Integrating LSCI with other reclaiming methods

LSCI is an effective component in building positive peer cultures in schools and youth organizations. However, since this method is highly individualized, organizations often combine LSCI with other systemwide interventions that are grounded in the same reclaiming values base. A few examples follow:

- The Circle of Courage model (Brendtro, Brokenleg and Van Bockern, 1990) is founded on creating positive and respectful learning environments based on universal needs for belonging, mastery, independence and generosity. Schools using this strength-based model have documented dramatic reductions in suspension and exclusion (NES, 1996).
- The Resolving Conflict Creatively Program (RCCP) of Lantieri and Patti (1996) mobilizes students, staff and families to develop peacemaking values and foster respect for diversity. RCCP is used in hundreds of schools nationwide, and has reversed negative peer cultures in the most violent

school environments. As with LSCI, conflict is seen as an occasion for growth rather than for punishment.

- Scandinavian school bully prevention research has led to comprehensive school interventions (Hoover, 1996). Bullies thrive if codes of silence give peer intimidation free rein. Thus, these programs transform the “silent majority” to create positive student cultures. Research shows that when students work with adults to keep schools safe, major reductions occur in antisocial behavior. It is easiest to build positive peer cultures when anti-social youths are integrated with prosocial peers rather than segregated in stigmatized groups. However, this ideal is not always possible, since specialized alternative educational and treatment programs targeting seriously troubled youths are increasingly common. Some youths need an intensity of intervention that cannot be efficiently delivered to the entire school population. Two psycho-educational models of peer group treatment have been effective in

specialized programs serving anti-social youths: the Positive Peer Culture (PPC) model and the EQUIP Program.

- The Positive Peer Culture model (Vorrath and Brendtro, 1985) was developed expressly to transform negative youth cultures into prosocial peer-helping groups. PPC has been shown to create safe environments in treatment programs serving even highly troubled and violent youth (Gold and Osgood, 1992). Because time required for daily group meetings conflicts with curricular demands for most students, PPC has usually been targeted at special populations, such as students in alternative schools for youths at risk. The National Association of Peer Group Agencies provides certification in PPC.
- The EQUIP Program (Gibbs, Potter and Goldstein, 1995) also employs Positive Peer Culture groups, but adds training in thinking errors,



moral development and social skills training. Like LSCI, this model uses problems as opportunities, although in peer-helping programs, students are trained to become the primary helping agents. Research on the EQUIP model documents sustained positive outcomes with anti-social youth in correctional settings.

Educators and other youth professionals are increasingly expected to deal with populations of very difficult youths, so there is considerable interest in school applications for approaches that have shown to be powerful enough to impact seriously troubled students. In any setting, unless there is a positive peer culture, young people will be aware of serious problems and impending violence, but staff will be kept in the dark by a code of silence.

A recent promising extension of LSCI is the Developmental Audit, a comprehensive assessment and treatment planning strategy for working with extremely challenging youth who have not responded to other interventions. Such young persons may have exhausted a string of programs and placements engaging in highly destructive behavior that is likely to lead to life-altering interventions – being removed from the community or incarcerated. The Developmental Audit goes beyond the crisis at hand in a comprehensive assessment of critical incidents that have marked a child's life span developmental trajectory. The Developmental Audit is based on a review of available case records and extensive interviews with the youth as well as persons who have been significant in the life of the youth at various points in his or her life. Time lines of recent crises can then be compared with how a youth



previously acted in similar conflicts. The intent is to track the course of a youth's development across family, school and peer ecosystems to identify patterns of private logic and coping strategies that have led to patterns of resilient or self-defeating behavior. At present, all Developmental Audits are conducted by senior trainers from the LSCI Institute. A research project funded by a grant from the W. K. Kellogg Foundation and directed by Steve Van Bockern and Larry Brendtro is developing a model for advanced training of professionals to conduct Developmental Audits of delinquency.

### LSCI as early intervention

City planners would not consider constructing a new hospital without including a comprehensive emergency room. They would not develop a new community without providing 24-hour fire and police services since these emergency services are not debatable options. The public acknowledges that medical, fire and criminal emergencies happen and are a predictable part of life. The public also demands their emergency services will operate effectively during a crisis and will protect them from a more serious and personal situation. The common denominator among these emergency services is the concept of early intervention or the ability to manage any crisis before it escalates into a disaster.

This principle of early intervention in crisis has not been seriously addressed by most schools. General Colin Powell reported in his Alliance for Youth that 15 million American youth – one quarter of our population under age 18 – are at risk emotionally. Significant numbers of these at-risk students come to school on any given day with active and unresolved personal problems. Many of these problems originated at home, with peers or in the community the previous night or morning. These students may be so upset and troubled by their thoughts that they are unable to concentrate on their classroom assign-

ments or to profit from educational instruction. They desperately need early LSCI services. However, what they are likely to receive is a reprimand from a teacher during disruptive encounters with peers or teachers. If this confrontation triggers a Conflict Cycle, it can lead to mutually threatening behavior between antagonistic students and adults. Unless this escalating conflict and thinking distortion is interrupted, the youth may strike out at persons he or she perceives – correctly or not – as hostile and rejecting. Just such incidents were recently studied by the Office of Juvenile Justice and Delinquency Prevention. An examination of a hundred serious school crises showed that most escalated from minor incidents.

Can many of these crises be prevented or limited? Yes. If the public is serious about educating their children, reducing school violence and helping at-risk and troubled students, schools must be equipped with early crisis intervention services. This is a national problem that needs a national response. School crises are real, and will only get worse if the only option is to send students to the vice principal for disciplinary action or have them sit outside the counselor's office to cool down. And, even if it is necessary to suspend a student, it is irresponsible to send the youth away in a state of private bedlam without the opportunity to communicate with a supportive adult. We recommend two staff from every public school become certified in LSCI and be responsible for handling student crises. LSCI offers the staff effective ways of talking to a troubled student about situations and personal problems that could escalate into a destructive experience. LSCI offers the next generation of skills that can single out an important issue in the student's life for instant, unclouded and insightful help.

Problems provide unique opportunities for teaching practical lessons about living with others in terms of mutual

respect, trust, honesty and altruism. But students will not buy into these positive values unless they genuinely believe that adults are also playing by the same rules: never threaten or hurt anybody; respect others; listen to what others say; no blaming, no bullying, no excuse making; take responsibility for your own life; and take care of one another (Sykes, 1998). While LSCI is competency-based, it is more than a set of techniques. At its core is a new mindset about problems as opportunities, and about troubled youth as possessing strength and resilience, which can be tapped for their own healing. Such programs cultivate a positive peer culture among students and staff, and mutual respect between adults and youth.

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# LSCI: one school district's experience

By Mary Tax Choldin, MA  
 Special Education Teacher  
 and LSCI Senior Trainer



GLENBROOK HIGH SCHOOL DISTRICT 225, a two-school district, is located in Chicago's northern suburbs. Residents of the upper middle class suburbs of Glenview and Northbrook are highly educated. They have high expectations for schools. The student body is approximately 4,000, with a faculty and staff of 600. These comprehensive high schools offer fine academic programs as well as a wide array of athletic and co-curricular programs which include the majority of students. While 93 percent of Glenbrook students continue on to college, Glenbrook is not just looking at academic development; meeting the needs of each individual student and the socialization of adolescents are both top priorities, also.



The memo on the bulletin board advertised a one-week, intensive training institute for educators interested in advancing their skills in the area of crisis intervention. Life Space Crisis Intervention training, a technique founded and taught by Dr. Nicholas J. Long, would be offered during the summer of 1995. A call was placed to the superintendent of special education for approval to attend the Institute, and the Glenbrook High Schools were quickly on their way to incorporating LSCI into a part of their everyday vocabulary.

I returned to Glenbrook with a set of invaluable tools. Using these skills in isolation for a year, I recognized the importance of implementing this new paradigm in my district. During the next two summers, Dr. Long and I trained over 50 Glenbrook faculty members – including both special education and regular education teachers, psychologists, social workers and administrators – in the skills of Life Space Crisis Intervention. We now share a common language.

One of the most rewarding aspects of having been actively involved in the training of the Glenbrook staff is seeing the newly acquired skills being used. Several weeks into the school year, as I walked through the halls, I encountered a colleague

who was engaged in a conversation with a student who was clearly in crisis. It became obvious to me that the teacher was using one of the interventions she had just learned. I sought her out later, and she told me that, initially, when she realized the student was having trouble, she felt a sense of panic. As she became more involved in talking with the young man, she recalled, her ability to intervene effectively felt natural. After several minutes, she forgot about her fear and simply let the process work for her and the student in crisis.

I asked her how the student felt after they were done talking. Her response indicated that she had been successful in helping him to drain off the feelings that were overwhelming him and to establish a time line of what had happened that was making him feel so angry. After telling me the process she went through, I pointed out to her that she had successfully utilized the skills she had been trained in, specifically the Conflict Cycle.

Her response: "It felt like the right way to talk with him."

Perhaps the most noticeable change amongst trained adults is a new sense of confidence. LSCI is based on the ability to form relationships with youth in crisis; Glenbrook is also a relationship-

based school. As a result, the staff already had many of the basic foundation skills of LSCI. What they gained through formal training was a process to use, a context in which to use the skills and a support system.

Throughout the year, I met with groups of staff who had been trained and were using the LSCI skills on a daily basis. At one meeting, as people were sharing their experiences, it became clear to me that not only had the LSCI training benefited the staff, but the students, as well. As people shared experiences with the group, a theme emerged: the adults discussed the process itself, but more importantly, they described how the student was impacted. Students have begun to recognize the common language, acquire the prerequisite skills and accept LSCI as a method of intervention.

The addition of Life Space Crisis Intervention to Glenbrook has been felt in many positive ways. Trained adults have new tools, a renewed sense of confidence and a common language. Students reap these benefits, as well. Although we have always taken pride in our ability to work with students and have used relationships as a basis for doing so, we can now better help adolescents in crisis.



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