

## **CPI *Unrestrained* Transcription - Final**

Episode 69: Karen Maladra

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Terry: Hello, and welcome to *Unrestrained*, a CPI podcast. This is your host, Terry Vittone, and today I'm joined by Karen Maladra. She is the associate director of instructional intervention for the St. Charles Community Unit School District 303, which is in the western suburbs of Chicago. Hello, and welcome, Karen.

Karen: Hi.

Terry: Hi.

Karen: Glad to be here.

Terry: And we're grateful to have you. Before we begin today, let me tell you a little bit about our guest. Karen has a long history of working with kids who have moderate to severe disabilities. She received her master of science in education with a focus on autism and severe disabilities from Northern Illinois University through a graduate program that allowed candidates to work in the classroom with students with severe disabilities and students on the autism spectrum. So, supporting kids with special needs is her passion, as she has told us, and I think as you'll hear in our interview. She became a CPI Certified Instructor in 2009 and she's been with the District 303 in St. Charles since 1996. So, she has a remarkable history of action and advocacy for special education in the district.

Our interview today is going to focus on Karen's career path throughout those 23 years and how CPI training has become a critical part of culture change in the district. All right, Karen, it's good to start a podcast with a real-life story. And since de-escalation is so central to CPI training, let's start today with a story about how you de-escalated the parents of a student in your district.

Karen: Okay. Well, this is a little kindergarten student. His eligibility was other health impairment, but he had a lot of acting-out behaviors and he was pretty consistently destroying the gen ed classroom. I first met the family last February when the team was working through the functional behavioral analysis process and writing a behavior intervention plan. The parents were wonderful. They were working with outside professionals. We came back together in March to look at the data and because the behavior really continued. At that

point, we made a recommendation for a change to a more restrictive kind of classroom that would have the supports I thought would really help this little guy, you know, to sort of settle his behavior and get back to learning. And he made that change after spring break.

So, we met last week, and those behaviors were still continuing in this new more supported environment. And the mom was really upset, and she stuck her finger in my face and she yelled, "You promised that this program has all the supports that he needed, and this was going to fix things." And, you know, my gut was like to just justify the recommendations that I made, but because of my understanding of this de-escalation piece, I had to take a deep breath and I had to say, literally say to myself in my head, "She is at Release, she's scared, she's worried about her son. You can't be Defensive. You can't meet Defensive with Defensive, so take a breath." And I used a more supportive statement and didn't justify why I made the recommendation and we continued on in a much more productive and problem-solving way than had we resorted to justification and arguing about whether or not I had made the right recommendation. So, this stuff—I mean, the understanding of it helps us to work with students and parents, our own family members, our own children. It works with everybody.

Terry: So, by not letting her tone amplify your own tone and by thinking of this behavioral model and what stage she was at, you were able then to take a step back and give a response which was more supportive and directive than by justifying, or having a tone that might have escalated her tone.

Karen: Right. And that, I think, is the magic of CPI de-escalation, is that if you can take that little part of your brain and activate that cognitive piece and not respond with the emotional piece, recognizing where that other person is functioning, where they're at in the *Crisis Development Model*<sup>SM</sup>, then you can respond appropriately, taking your emotional piece out of it and then it helps to de-escalate rather than escalate the situation.

Terry: You know, and I found as well that that Rational Detachment piece that is taught, that exactly as you use it, is so exportable to so many different situations that being rationally detached really serves us well, I think.

Karen: Absolutely.

Terry: So, Karen, why don't you give our listeners a little idea of St. Charles School District, some info about the size, the mix of schools, etc.?

Karen: Sure. So, St. Charles is, like you said, about 40 miles west of Chicago. We're a very high-achieving school district. We have one early childhood center. We have 11 elementary schools. We have two middle schools and two high schools. And we also have a transition program for students who are 18 to 22 years old and continue to need services. We have

about 16% low-income students, about 13% special education students, and about 5% English language learners.

Terry: Okay. And so, what role have you played—what roles, rather, have you played in your 23 years with the district leading up to your current role as the associate director of intervention?

Karen: So I started out in 1996 as what we called an inclusion facilitator. And inclusion was just getting off the boards here in St. Charles and it was really about how to support students with cognitive disabilities and other more moderate disabilities in the general education classroom. So I went to a general education elementary school, and from there, that position morphed into more of a general special education resource teacher. So I started working with students who maybe had learning disabilities or other health impairments or ADHD. From there, I became our Elementary Special Education Department chair, so I oversaw all of the special education teachers at the elementary level in the district. Then that included, you know, facilitating Special Ed Department meetings, doing professional learning. Since then, when I moved into the associate director role, I took on the same sort of professional learning role for our speech and language folks, our occupational therapists, and our physical therapists. I've provided professional learning opportunities on a variety of topics both to General Ed and Special Ed staff across the summer's learning courses that we do in our district and just continue to learn. And then part of that role as department chair and then also associate director was when I became a CPI Certified Instructor and that became a big part of my job.

Terry: I see. So, in the course of these 23 years, you've become, I would suspect, kind of a go-to resource for people who work in special education and who need advice, you know, approval or just a sounding board to talk about their issues that they're having in their classrooms.

Karen: Sure. And we do a lot. Not me alone, but a big part of my job is helping teams to problem-solve around kids who are having behavioral breakdowns in the classroom or whatever reason.

Terry: Okay. And so, I understand that you were first trained in CPI back in 1996 and I think you became a Certified Instructor in 2009, correct?

Karen: That's correct.

Terry: And what do you remember about that training when you first were exposed to CPI?

Karen: Well, in 1996, the emphasis in our district was more like to check the box off so that if you've got the CPI training, if you ever had to physically manage students, you could have that mark saying, "Yes, you were trained." The administration, at that time really expressed the thinking that the more staff we had trained in CPI, the more likely we would

be restraining students. So they had only a very few number of teachers who were trained in CPI. And the training was provided by our local special ed cooperative and it really focused mainly on how to safely restrain students. The de-escalation piece that they provided was very specific to working with students who were oppositional or defiant. And personally, I found very little that I could actually apply to my little elementary students who had autism or cognitive impairment and really weren't oppositional or defiant. And then every year, we would go over there and practice, you know, our restraint training and then I'd go back to school and it really didn't appear to have any connection to what I did on a regular basis.

Terry: Wow. So, it sounds like the culture, boy, when you have administrators who are saying, "We better not train more teachers because if we train more teachers, we're going to have more instances of restraint and hands-on," that even though the course back in 1996 did include our *Crisis Development Model*<sup>SM</sup> and the stages of being Supportive, Directive, you know, before you get to the acting out or the physicals, that really, the perspective was that it was, as you've wrote in my notes here, we all joked that it was our practice to "take down these kids." So that really was kind of the narrow lens through which CPI training was viewed then.

Karen: Correct.

Terry: I see. Okay. So, let's transition now then because I think this is fascinating that you were trained as a Certified Instructor back in 2009. So, you've been working with this for 13, 14 years, but when you were trained as a Certified Instructor, you told me a light bulb went off. And I think this is a fascinating story. What happened?

Karen: So, at the time, I was actually parenting two teenage boys and as you can imagine, there were power struggles and limit-pushing pretty much on a daily occurrence in my house. That was on my mind as I sat through the training, and as they really talked to us about de-escalation, it finally dawned on me that I realized that these were the strategies that I needed, not just with students, but they could work with my teenagers at home, and by extension, that it could work for any person that you come across or you come into contact with who's at some kind of emotional crisis.

Terry: I see. So, boy, talk about having your hands full with two, not one, but two teenage boys who are challenging your authority and so—but all of a sudden, rather than like engaging them in this sort of escalation, like, you know, and when you pick up the rope, the person who's challenged you, especially if it's a teenage kid with an agenda, you've kind of lost in the moment that you start to return fire, if you will. Right?

Karen: Absolutely. And when it's your own child, it's even harder not to pick up the rope. And I know at that time in my life, I was picking up the rope all the time. And sitting there in that training was like **this a-ha moment** that said, "It doesn't have to be this way. There are

strategies you can use to come to a more peaceful sort of existence with a teenager who's going to push limits."

Terry: Yeah, exactly. I mean, it's all about testing your nerve and your resolve to keep your behavioral, you know, checks in place. Fortunately, most of us grow out of that, anyway. So when you realized this, you must have been anxious to bring it back to your classroom and to your training. I mean, this new realization that this light bulb went off that verbal de-escalation was a much more substantial sort of core element of CPI training than are physicals were. So, in St. Charles, CPI trainings spread from special education, to general education, then to principals and administrators, to bus drivers, even cafeteria staff. How and why did that happen?

Karen: You know, I was really grappling with that whole shift in what the training could mean and that it was not about restraining kids, but about helping them to stop from getting to that point in the first place. Right?

Terry: Mm-hmm. Right.

Karen: The power was in that de-escalation strategy and helping to make that shift in our administration's understanding was the first step. Luckily, our administration was open to kind of thinking differently about that and helped us really to think about a crisis team at a building so people who might have a little bit more flexibility in their job description like our therapists or special ed friends so that they could respond to a crisis as it was beginning. So they were open to doing some of that training by discipline and they allowed us to do some training after school. They allowed us to release staff so that they could have the training and hire substitutes for them. We did some weekend classes. We did some afterschool classes and some summer classes to get all of those groups of people the initial training.

And then as you can imagine, the principals in the buildings, they're the leaders, so they wanted the information. So we did the training with our principals and the principals then were the ones that said, "We've got to get this to our gen ed staff. They really need this information because they're on the front lines with these kids. They're the ones who support students, they know them, and recognize the anxiety level, and can intervene at that early level if they understand what's happening." But like me with my teenagers, sometimes they can inadvertently be escalating rather than de-escalating the crisis. So, the principals were really the ones who started to ask for us to do some training on the de-escalation part during school improvement days, or institute days, or after school with their teams to give their teachers some of those de-escalation tools. And at that point, the district was willing to pay for another CPI Instructor. So there were now—there was a team, there was me and one other person. So, that was really exciting that gen ed teachers were starting to talk about this de-escalation.

About the same time, we were approached by our transportation department because things were falling apart for a lot of our kids on the bus and the bus drivers and the bus aides really didn't have any strategies on how to decrease difficulties with their students on the bus. So we provided the full two-day training, but we quickly realized that the whole training was just too much for them, that they really wouldn't use the physical stuff on the bus. There's not a lot of room to manipulate or manage students and block and move on a bus. And so, we started to think about was there a way to just provide kind of that de-escalation piece without doing the whole training.

And in 2017, we went to the national convention in Milwaukee, and at that time, we were adding two additional trainers, so now bringing our total to four. But we talked with a number of the leaders with CPI about how can we give that, the escalation piece, sort of separated out from the physical part so that we could give people some strategies on the *Crisis Development Mode*<sup>SM</sup> and how to intervene and not pick up the role without having to do the full training. And so, they suggested a book called *Sharing Strategies* that helped us to develop some very targeted presentations. So, we presented them to some general education, whole building staff. We presented to special education teaching assistant, the bus drivers, the bus aide.

We were approached by the lunchroom supervisors, asking to train their monitors and their supervisors. It seemed like the more trainings we completed, the more different groups approached us. The administrative assistants, you know, the ladies who answer the phone or run the front desk in the buildings, they came to us as part of their union group asking for strategies for all of them to have the training at once to talk about—they said, "We have parents come in in very escalated state. They've been given bad news at a meeting or something and they're yelling and we're the people who answer the phone or meet them face to face. We need these strategies to de-escalate."

So, it's really been just expanding across our district. We now have four trainers, like I said, and we provide refreshers to between 250 to 300 people every year. Additionally then, we provide that targeted de-escalation-only training to our bus drivers and aides, our lunchroom supervisor monitors, our special education teaching assistants, and our general education building staff as ever—whenever the principals ask.

Terry: Well, I mean, I'm just kind of taking in this story and just thinking that you have this moment with your two teenage sons where this de-escalation component, this light bulb goes off. You talk to your administrators, they start to see the value of it, they want to be included. You evolve a team methodology, you develop through talking to people at a Conference how to use the sharing strategies booklet to tailor the training, the right amount of training for the particular staff that you're training. And then you—so you get more trainers in place and by the end—or this, we've described it that you had actually people coming to you saying, "We wanna be included. Here are the situations. This is why it's appropriate. We'd get these parents who were, you know, come in, just fits to be tied and where it's like, 'How do I deal with this person?'" But from that initial light bulb, this is

the tremendous sort of structured training apparatus that was put in place because of that moment. Wow.

Karen: Yeah. It's really changed the conversation in our district because people now all have kind of that same language and that same understanding of how crisis situations unfold and what you can do to support someone through a situation like that.

Terry: Remarkable. Now, I know that since the 2015—and congratulations—since the 2015, '16 school year, you kept stats on the number of incidents requiring restraint or seclusion, including what you called to physical guidance and your use of physical restraint and forced physical guidance has dropped dramatically while your use of multiple techniques has increased. Can you explain that for our listeners?

Karen: Yeah. I think over time, like I said, the understanding of how to manage a student who's in crisis has really developed in our district. And the reason I have only—you have data from 2015, '16 is that's when I started collecting it myself. So, I really looked at three types of emergency intervention: isolated timeout, forced physical guidance, and then restraint. And we've worked through some definitions that are specific to our district and we have a documentation form, an incident documentation form that we use that looks at those three particular types of intervention. So, we look at isolated timeout as a student who is removed from instruction, or reinforcement, or their peers, and allow kind of a safe private area to release. Forced physical guidance is when you have to move a student who is potentially actively resisting being moved, maybe for safety reasons or something, and we really grappled with that versus what does physical prompt look like? And we really sort of settled on that tipping point of is the student actively resisting you or not, meaning, then were moved into forced physical guidance.

And then finally, whenever a restraint position is used: the child control position, the team control position. We also are considering the standing and seated restraint positions that are a part of the newer training as those restraints. Historically, I think our teams would go hands-on and then restrain a student who was in danger, a danger to themselves, and then continue to restrain them until they finally got to tension reduction. Now I think our staff really approaches that situation looking at a multilevel intervention. They might use a restraint or transport position to move a student to a safe place and then release them at that point so then it moves into more of that isolated timeout. If a student is in crisis in a classroom, the crisis team is called in, they're much more likely to remove the rest of the students from that classroom and manage the student in place using disengagement techniques. And then only if the student does something that might be really dangerous, like climbing up on furniture, or banging their head against the wall, or something like that, use forced physical guidance to move them again to a safer place, again, releasing them and you returning to those disengagement techniques.

So, we're often seeing this multiple-level intervention, which reduce the length of time in restraint and the need for forced physical guidance, but we're seeing more of those kinds of multiple-level interventions.

Terry: So rather than going right to something like a takedown, you actually have a graduated kind of scale or a strategy of different interventions for the severity of the behavior?

Karen: Absolutely. And that's one of the beauties I love about the new information that was added when we updated the CPI training, when you guys updated the training that adds those graduated level of restraint because it allows us then to be responsive to what the student needs. So, some students just need to have, you know, someone with their arm around them, holding them still and talking quietly and that's enough of a calming restraint than a full team control position kind of thing. So, we've really worked with the increasing and decreasing the intensity of the intervention based on what the student is showing up.

Terry: Excellent. And I noticed in your behavior incident report, which I think is really a fantastic document, in the review of the behavior, you have actually, you've duplicated the Decision-Making Matrix and you say rate the behavior on the Matrix. Have you had success with this model?

Karen: I absolutely love the Decision-Making Matrix. And when we originally started talking about it in our district, we really were using it like to plot where the student was, you know, to make that objective decision about whether that behavior truly was a danger and whether the student was in eminent danger of harm. And it sort of has expanded over time to not only plotting originally where the behavior happened and where it falls on that matrices, but where our intervention, what our intervention then does to that behavior. For example, we had a little guy who loved to run out of the building. And he was a little guy; he was a kindergartener. And so, on the Decision-Making Matrix, you can imagine the team said, "Okay, this is really high, high," you know, high likelihood of a bad outcome and pretty high, you know, risk." And when we talked about what interventions they did, the interventions the team did was they chased after him because he was heading out of the building towards what they considered a dangerous situation. And what we helped them to see was chasing after him actually raised the level of risks rather than reducing it because he was one of those kids that would kinda look back and laugh and run faster and farther. Right? So, we talked about what other interventions could you do that would potentially reduce the likelihood and the severity of the outcome, and what we kind of came up with, help them to see that if they sent somebody out the side of the building and somebody out the other side of the building and they kinda came around him rather than coming right behind him, he was much less likely to bolt towards the street and away from the staff and they could corral him. And so, by plotting that on the Decision-Making Matrix, now it reduces that likelihood of a bad outcome because he's not bolting willy-nilly towards the street, there are people there who can kind of block his access from the side towards that more dangerous street.

Terry: That's a great—sorry.

Karen: So we've—go ahead.

Terry: I was going to say that's a great example of using the Matrix and figuring out—like if we give chase, we've kinda given him exactly what he's looking for in that, "You can't catch me" kind of mindset, right? It's like—

Karen: And the team was really—they were, you know, worried because that was—the likelihood of him getting hurt as a little kid running out there was pretty high. But what they didn't realize that the intervention that they felt was like how quickly we can get a hold of this kid was actually enhancing the level of risk. And so, we've had that conversation now over and over with teams using the Matrices to help them to see, "If I did this, does it increase the risk, if I did this, does it decrease the risk," and which is probably the one that we wanna then use as our intervention.

Terry: Thank you for sharing that. I think a lot of our audience of educators will really appreciate that example. In your district, you also use something that's called the isolated timeouts. And now, what are these and why are they effective as emergency interventions?

Karen: Well, our classrooms are in general education buildings. We don't have timeout rooms, you know. So we really don't do seclusion, but we recognize that sometimes the student needs to be out of that larger classroom setting because they're in crisis and we want to give them a private space to kind of let that out. So we use, you know, a small conference room or an empty classroom to give them that space that's out of kind of the public view. We really document it as the isolated timeout, but our definition is really that they're removed from that general education space, they're put into a smaller spot, and allowed to kind of ride it out with staff monitoring, of course, for safety. But we don't—so like if a student is in one of those smaller spaces and the staff is actively teaching them how to use coping strategies, so let's say they're doing deep breathing or they're doing some visualization strategies and they're working through some of those kinds of particular techniques with the student, we don't consider that isolated timeout because that's really instruction in coping strategies. We only document it as isolated timeout if it really is kind of letting that student at release write it out and just monitoring them for safety.

Terry: Well, what a brilliant thing, though, to use that opportunity rather than just to seclude them and let them kind of fume or, you know, think about their behavior and maybe how they can get you better the next time is the way the young minds work. Instead, you use that time to teach them about coping strategies. You teach them relaxation techniques, mindfulness techniques. That's a really smart use of that time, I think.

Karen: Yeah. And you can't teach those—you really can't teach them in the moment when the student is at release, but if you teach them beforehand, then you can remind them and

kind of model it through while they're in that release and hopefully get them to start using those breathing techniques when they need them. But you got to practice them when they're not at that stage where you use them.

Terry: Now, Karen, besides refreshers, which you conduct by grouping disciplines together, or I assume that means job functions, right, like all the—right? You also conduct team and what you call touchback training at individual schools. Why did you structure training that way?

Karen: Well, we surveyed our buildings to find out what they felt like they needed with CPI because we didn't want it to just be about restraining kids and what else could we do to help their buildings to start to put into practice those de-escalation techniques. And what they told us was that they wanted to practice as a building team, and they wanted to problem solve with our trainers. So, for the first time, two years ago, we met with our buildings twice a year and the first session was really to problem solve around student issues and let them kind of pick the brains of the trainers. We really did—that's when we started pulling in that Decision-Making Matrix and helping them to do some direct kind of dissection of a situation that was happening in their building and how they were responding then to those students' behaviors, and did that move it up on the risk level or did it actually bring it down?

We were offering them the opportunity to practice physicals at that point, but no one took us up on the offer. They really wanted to problem solve and really use that Decision-Making Matrix to support their kind of evaluation of and reflection on the effectiveness of their interventions with their students. And then we did a second session that year where we actually took our behavioral incident report from each of the building. So if I went to the elementary, one of my elementary buildings, I would bring any behavioral incident reports with me that had been turned in up to that point and we problem solved around specific student incidents that had happened. And that, I think, was really helpful and helped to really personalize their training at the building and their understanding of how their team functions at their building.

This year, we responded—again, we surveyed and they really were pushing a little bit more for physical practice as a team because oftentimes—because our training is by discipline, they never got a chance to practice with their team until they were actually in a crisis and had to physically manage a student. And so, they wanted the opportunity to have some physical practice as a team to find out, you know, who's too tall to work with, who's, you know, which other person?

So, we also talked about how, I don't know, shocking it can be when a student is in a team control position in an area where it's not private. So a kid darts out, you know, into the parking lot and you have to do a child control position or a team control position at that point because the student's, you know, unsafe. Were there other options that we could think about that maybe could give us the safety but wouldn't have that sort of shocking

visual to parents, potentially, or whatever? So, we really prioritized the seated and standing holds that were part of the new physical training because we felt like, particularly the standing hold could be done on the playground, in the parking lot, in the vestibule, and would look like two teachers supporting a student rather than physically managing in a team control position where it would look more caring and more therapeutic than it would, you know, a physical restraint.

Terry: I just think this whole example about bringing in real examples for the team to be—you know, you bring a report and say, "Here's what actually happened." This is a really a—it's in their memory as a thing that they experience so that they can break down that experience and go back and review what better strategies might have been for a more successful de-escalation. But also, what you said here is really fascinating to me about if you're using that team control, how shocking that can look like physically, extreme, even though it isn't. But with the ubiquity of cell phones and everything being videoed these days, you don't know if someone who doesn't understand what's happening, and suddenly you're on the 6:00 news with this. You know?

Karen: Absolutely. Yeah.

Terry: And so, another level, as if teachers needed it, of exposure for the way that they manage students. So I think there's a twofold benefit to using the transportation position where it's less intrusive, it manages behavior, but it also looks much more supportive. Right. All right. Now, Karen, in our pre-interview, you gave me a fascinating quote. You follow the credo that "the risk of doing nothing outweighs the risk of doing something." Could you explain that?

Karen: So I think helping teams to recognize when to go hands-on is a big challenge. When a student is in release, it feels really intense. No matter how many times you say it, and to only use physical restraint as a last resort, or when the student's a danger to themselves or others, when a student is destroying a room or throwing chairs, it feels intense. So, in our training, we really focus on the likelihood of injury or underlying health issues going way up whenever you put your hands on a student, not just for that student, but for the staff member involved in it. And so, we talk about how students with disabilities have much more likelihood to have some of these underlying conditions.

And finally we ask them about going hands-on with the student only when the risk of doing nothing—letting that student release, destroy the room, and potentially hurt themselves—outweighs the risk of all of those underlying physical health issues and injury possibilities, that risk of doing something. And that comes along with whatever you put your hands on a kid.

So helping them to really understand what they're risking when they put their hands on kids and does that small risk of not doing anything and letting them, you know, break a computer, or throw a chair, or potentially hurt themselves because they've done

something in release, that small risk really outweigh putting your hand on a student and all of the high likelihood of injury or underlying health problems that come along with putting your hands on a student.

Terry: So, if people internalize this sort of risk litmus test, it really guides them in the moment to make the right decision.

Karen: That's what we're hoping.

Terry: All right. And do you think this greater emphasis on verbal de-escalation that happened really because of your epiphany with your teenagers, do you think that this greater emphasis on verbal de-escalation has led to a palpable culture change in the district and in the schools there?

Karen: Absolutely. The conversation has changed. In our district, we now talk about crisis levels and our response to those levels. We're putting our efforts really into that anxiety level and how we can support that level proactively with our students. We're building on information from trauma-informed practices research. We really emphasize the importance of the relationship between those students and staff and that human-to-human connection when someone's in a crisis.

Terry: Impressive. You also have something there. I think this is fascinating. You've got what you call a parent university program in your district. Could you explain that for our listeners? I really think this is a great concept, and I'm not sure how prevalent it is out there, but it sounds like a great program.

Karen: Yeah, sure. Our district has developed a program that is really to support parents in the very difficult job of raising children, especially in our changing world. So, last year, we showed a movie called *Screenagers* growing up in the digital age, which really talked a lot about this world that our kids live in with cellphones, and screens, and computers, and information at their fingertips.

This year, we showed another movie called *Angst*, which discusses the anxiety levels of children. And we actually had a panel of students come in and talk to parents about their perception of the anxiety that they deal with on a daily basis. Additionally, this year, we did a community book study on the book called *Mindful Parenting* by Kristen Race. And in that book, she really described the changes in the world that our children are living in with the increased screen time, the reduced face-to-face conversation time, the less quality and quantity of sleep, all of that that's impacting our kids' ability to regulate their emotions, manage their attention and focus in the classroom.

You know, our teachers are telling us how different our students are these days, and this book actually provided data to explain why that is and why our kids have some of the struggles that we're seeing in the classroom. Parents have been very, very responsive and

positive about our parent university and they tell us how relieved they are to know that they're not going through this alone and that there's actually some things that they can do to help their children become more capable, positive-learning adults.

Terry: So, kind of enlightening a community of parents of the students in the district?

Karen: Yeah. Yeah, it's really been exciting.

Terry: All right. Well, to close, Karen, this has been great, and thank you so much for the interview today.

Karen: It was my pleasure.

Terry: To close—could you tell our listeners about the advice that you—the very first advice you would give to new teachers who are coming into the profession today?

Karen: Well, I think I would say, you never know what someone's going through, so always err on the side of compassion. And then also that this is a really hard job and we need the absolute best people doing it. Even though it's such a hard job, the rewards are unbelievably wonderful.

Terry: Well, that is a beautiful thought to close on today, Karen. My guest today on *Unrestrained* has been Karen Maladra. She is the associate director of instructional intervention for the St. Charles Community Unit School District 303. Thank you so much, Karen.

Karen: Thank you.

Terry: And thank you all for listening.