THE INTERVENTION HUB

Transforming ISS into a Mental Health Triage Center

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SESSION OVERVIEW

- **Part 1** The Trap of Traditional ISS
- **Part 2** The Architecture of a Triage Center
- **Part 3** Equipping the Hub Coordinator
- **Part 4** Data, Buy-In & Implementation
- **Part 5** Wrap-Up

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PART 1 · The Trap of Traditional ISS

POSSIBLE ISSUES WITH THESE ISS PLACEMENTS

80%

of ISS placements are filled by the same

20% of students

1. Chronic Behavioral Needs Are Concentrated in a Small Group

This can indicate:

- *Unaddressed behavioral disorders*
- *Emotional regulation difficulties*
- *Trauma-related behaviors*
- *Mental health concerns*
- *Social skill deficits*
- *Academic frustration leading to acting out*

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2. ISS May Not Be Changing Behavior

This can indicate:

- *Students do not view ISS as a meaningful consequence.*
- *Students lack the skills needed to behave differently.*
- *ISS focuses on punishment rather than skill-building.*
- *Students return to the same triggers and environments afterward.*

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PART 1 · The Trap of Traditional ISS

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POSSIBLE ISSUES WITH THESE ISS PLACEMENTS

3. The School May Need More Tier 2 & 3 Supports

Tier 2 supports

- *Check-in/check-out systems*
- *Behavior contracts*
- *Social skills groups / mentoring*

Tier 3 supports

- *Functional Behavior Assessments (FBAs)*
- *Behavior Intervention Plans (BIPs)*
- *Wraparound services / individual counseling*

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POSSIBLE ISSUES WITH THESE ISS PLACEMENTS

4. Classroom and School Climate Issues

Questions worth investigating include:

- *Are certain classrooms generating most referrals?*
- *Are particular teachers referring students at much higher rates?*
- *Are expectations consistent across the school?*
- *Is there a positive school climate?*
- *Are students connected to trusted adults?*

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DETERRENCE FAILS THE WRONG STUDENTS

ISS deterrence only works for students who have the skills but lack motivation. It fails students who genuinely lack regulation skills. Behavior must be treated as an instructional need, not just an act of defiance requiring a penalty of served time.

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THE NEUROBIOLOGY OF ISOLATION

Isolation stews the amygdala in cortisol. This isolation often exacerbates the anxiety and emotional dysregulation that placed the student there to begin with, leading to secondary behaviors like vandalism, defiance, or sleeping to escape.

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DEFINING THE INTERVENTION HUB

The Intervention Hub reframes ISS as a structured behavioral intervention. Students remain accountable, but accountability comes through reflection, regulation, skill-building, and preparation for successful re-entry into instruction.

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PART 2 · The Architecture of a Triage Center

Environmental Engineering: Three Functional Zones

ZONE 1	ZONE 2	ZONE 3
REGULATION STATION	*ACADEMIC ZONE*	*REFLECTION & REPAIR ZONE*

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PART 2 · The Architecture of a Triage Center

Environmental Engineering: Three Functional Zones

ZONE 1

REGULATION STATION

- Low-stimulation corner near entrance
- Dim lighting or lamp
- Comfortable seating (beanbag/rocker)
- 10–15 min mandatory cool-down
- Visual ***Somatic Reset*** Menu

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PART 2 · The Architecture of a Triage Center

💡 **The Science Connection (Anatomy of Regulation)**

ZONE 1

REGULATION STATION

- **The Mammalian Dive Reflex:** Cold water on the face sends an immediate signal to the Vagus Nerve to lower heart rate and conserve oxygen. It is a biological "hard reset."
- **Ex:** *Place an ice pack on back of neck or over eyes*

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PART 2 · The Architecture of a Triage Center

ZONE 1

REGULATION STATION

💡 **The Science Connection (Anatomy of Regulation)**

- **Proprioception:** Heavy work engages the muscles and joints, providing feedback to the brain about where the body is in space. This organizes the nervous system and can help to burn off adrenaline.
- **Ex:** *Pull resistance band apart as wide as possible*

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PART 2 · The Architecture of a Triage Center

ZONE 1

REGULATION STATION

💡 **The Science Connection (Anatomy of Regulation)**

- **Taste & Mouth (Oral Motor):** The act of chewing and swallowing engages muscles that are evolutionarily linked to the "Rest and Digest" (parasympathetic) system. It is difficult for the body to remain in high-alert "Fight or Flight" (sympathetic) mode while eating.
- **Ex:** *Eating a Warhead or sour spray candy to shock the system back to the present*

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PART 2 · The Architecture of a Triage Center

Environmental Engineering: Three Functional Zones

ZONE 2

ACADEMIC ZONE

- Structured area for Tier 1 classwork
- Traditional desks, group tables
- Chromebook/charger access
- Noise-cancelling headphones
- Visual timers

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PART 2 · The Architecture of a Triage Center

Environmental Engineering: Three Functional Zones

ZONE 3

REFLECTION & REPAIR ZONE

- Collaborative table for 1-on-1 coaching
- Small or round table
- Implementation of Triage & Repair protocol
- Side-by-side seating (non-confrontational)
- Led by Hub Coordinator

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PART 2 · The Triage Intake Process



PHASE 1: REGULATE

0–15 Minutes

Cannot process the referral until the nervous system is calm. Use a somatic menu or mandatory 10-minute cooldown timer.
Do not require talking.



PHASE 2: RELATE

Once physically calm

Hub Coordinator connects using a structured, non-judgmental intake script to identify the function of the behavior:
Escape · Attention · Sensory · Tangible



PHASE 3: REASON

After regulation & connection

Only after regulation and connection do you dissect the incident without judgment. Validate the feeling—even if their reaction was inappropriate.

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PART 3 · Equipping the Hub Coordinator



Guard → Coach

- Stop staffing ISS with whoever is available
- Place highly trained relationship-builders in this role
- Require training in de-escalation, trauma-informed practices & relational coaching
- Protect the Coordinator's time — no cafeteria or office duty
- Active facilitation, not passive monitoring

Structured Reflection Protocols

Replace Apology Letters

Introduce the Repair Protocol — not busywork but rigorous, uncomfortable cognitive work.

Map the Incident

Students identify the trigger, map their bodily response, and script exactly what to do differently next time.

Role-Play the Return

Coordinator practices the re-entry conversation before the student returns to class, preventing immediate re-escalation.

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PART 4 · Data, Buy-In & Implementation

Track the Right Metrics

✗ Days in ISS →	✓ Recidivism rates per behavior
✗ Number of referrals sent →	✓ Time returned to Tier 1 instruction
✗ Days served →	✓ Skills mastered per student

Overcoming Teacher Resistance

The Concern

Teachers may view the Hub as a "reward" for bad behavior because it is comfortable and supportive.

The Reframe

We do not punish a student for failing a math test — we provide targeted intervention. Behavior is an instructional need. Accountability is doing the hard cognitive work of behavioral change, not sitting in silence.

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ADMINISTRATOR FAQ · *OPERATIONALIZING THE INTERVENTION HUB*

Q: Budget? I only have a paraprofessional stipend.

A: *This is a strategic reallocation of existing resources. Invest PD in your current ISS paraprofessional to elevate them from passive monitor to active interventionist.*

Q: Can I pull the Coordinator for cafeteria duty?

A: No. The Hub must be protected as a Tier 2/3 intervention. Just as you wouldn't pull a dyslexia specialist to cover lunch, the Hub Coordinator's time is non-negotiable.

Q: Our ISS room is tiny — no space for 3 zones.

A: Zones are conceptual as much as physical. A Regulation Station can be one beanbag with a lamp. Zones are defined by purpose, not square footage.

Q: Won't comfortable spaces reward bad behavior?

A: Accountability means completing the rigorous cognitive work of behavioral change — identifying triggers, mapping responses, scripting alternatives. This is not easy or soft.

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HANDOUT PREVIEW · The Triage & Repair Protocol

Part A: Intake Script (Hub Coordinator)

Use this script when a student first arrives — often highly escalated, defensive, or shut down.

The Three R's
(Regulate → Relate → Reason) are sequential. Do not move to the next phase until the student demonstrates readiness.

REGULATE

"I can see you're having a tough morning. You are safe here. You don't have to talk yet. I'm setting a timer for 10 minutes — do you want the ice pack, the resistance band, or quiet time?"

RELATE

"I'm not here to scold you. I'm here to help you get back to class without this happening again. How is your body feeling right now on a scale of 1 to 10?"

REASON

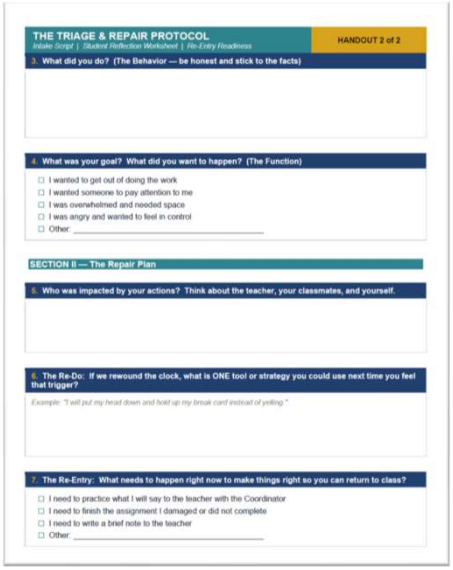
"Walk me through what happened right before the referral. What was the trigger?" (Listen, validate the feeling—even if the reaction was inappropriate.)

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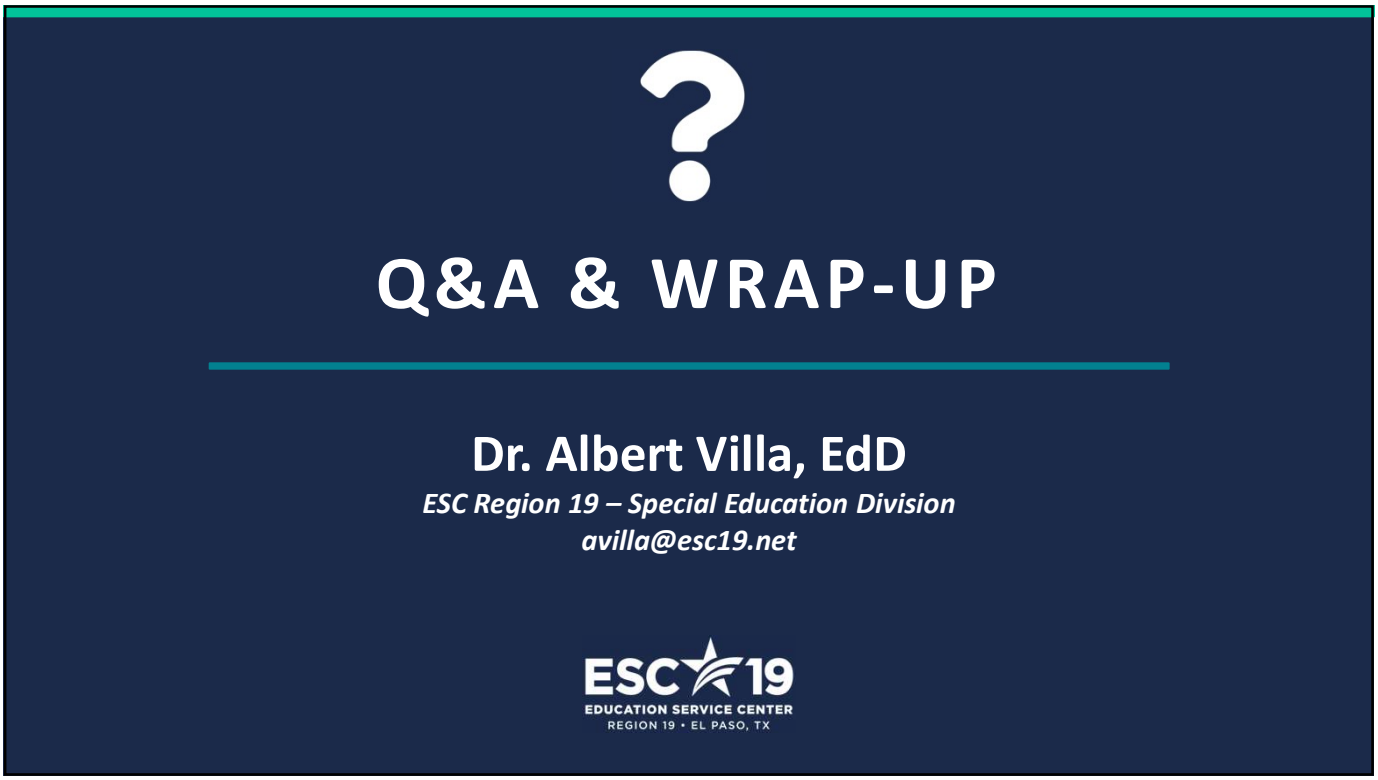
HANDOUT PREVIEW · The Triage & Repair Protocol

Part B: Student Reflection Worksheet

1	**The Trigger** What was the exact moment things went wrong?
2	**Physical Response** What did your body feel like in that moment?
3	**The Behavior** What did you do? (Be honest — stick to facts)
4	**The Function** What was your goal? What did you want to happen?
5	**The Impact** Who was impacted by your actions?
6	**The Re-do** What ONE tool/strategy will you use next time?
7	**The Re-entry** What needs to happen to make things right?


THE TRIAGE & REPAIR PROTOCOL
HANDOUT 2 of 2
3. What did you do? (The Behavior — be honest and stick to the facts)
4. What was your goal? What did you want to happen? (The Function)
☐ I wanted to get out of doing the work
☐ I wanted someone to pay attention to me
☐ I was overwhelmed and needed space
☐ I was angry and wanted to feel in control
☐ Other: _____
SECTION II — The Repair Plan
5. Who was impacted by your actions? Think about the teacher, your classmates, and yourself.
6. The Re-Do: If we rewound the clock, what is ONE tool or strategy you could use next time you feel that trigger?
Example: "I will put my head down and hold up my break card instead of yelling."
7. The Re-Entry: What needs to happen right now to make things right so you can return to class?
☐ I need to practice what I will say to the teacher with the Coordinator
☐ I need to finish the assignment I damaged or did not complete
☐ I need to write a brief note to the teacher
☐ Other: _____

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