

De-Escalation Strategies for Health Care Workers in the School Setting



Marissa Cline, BCBA, LBA, IBA
Camille Gebur, RBT



Did you know that in most cases, you can prevent escalation of disruptive behavior with your own behaviors? The ability to organize your thinking and calmly respond are effective de-escalation techniques that can help you avoid a potential crisis.

Learn how personal space, body language, communication, and listening skills can help effectively de-escalate the disruptive behavior of those in your care.



De-escalate [dee-es-kə-leyt]:
reduce the intensity of (a conflict or potentially violent situation).

The words ‘Crisis Prevention’ and ‘Crisis Management’ in education, healthcare, and other human service areas have come to denote a genre of training programs with basically two goals: To prevent challenging behaviors from starting, and to manage them (restraint) once they occur. But there is something missing from this equation.

What about changing the behavior of the individual? What about teaching new, more acceptable, replacement behaviors, or, better yet, functionally equivalent behaviors. Most crisis prevention and crisis management programs have considered behavior change outside the realm of these training programs... something for other professionals to handle through other means.



The best way to prevent challenging behaviors from occurring is to teach more acceptable ways to generate a change in the environment – a change usually accomplished through challenging behaviors.

Challenging behaviors serve a purpose, a function, and an outcome – to change the current situation. To simply try to prevent challenging behaviors from occurring, or, worse yet, redirecting, setting limits or ultimatums, and then using restraint, is a guarantee that, although they may be stopped in that instance, the behavior will occur again. Most crisis prevention courses do exactly that, preventing or stopping, but failing to teach anything.

Preventing a Crisis

Antecedent strategies

- Have a set schedule for the student, written or visual
- Arrange the environment so that there are no dangerous objects within reach of the student



Crisis in nursing

verbally de-escalating an agitated patient

- put yourself in the patient's shoes
- look for cues on how the de escalation is going
- keep myself and the patient safe
- understand why and how you can help them



Is verbal de-esc. Training useful for nurses?

To give you an overview, of the nursing students at City Tech who received *Nonviolent Crisis Intervention®* training:

- 92% said they learned to use nonverbal techniques to prevent acting-out behavior
- 93% said they learned how to use verbal de-escalation strategies such as limit setting
- 94% said they learned safe physical intervention procedures to use as a last resort when a person presents a danger to self or others
- 96% said they learned how to re-establish Therapeutic Rapport with acting-out individuals after a crisis is over
- 95% said the program content was relevant to their needs
- This makes a lot of sense when you consider that 95% of our customers agree that CPI improves de-escalation skills and everyone's safety. In addition, a quality improvement study by Dr. Sally Gillam, Chief Nursing Officer at St. David's South Austin Medical Center, proved that CPI training reduces violence against nurses and other healthcare workers in settings such as the ED.

Nursing focused continued

- Understanding Precursors To Crisis
- Motivating Persons In Crisis
- Handling Passive Non-Compliance
- Professional Distancing
- Building Rapport
- Trauma Informed Care And How It Relates To Crisis Intervention
- Remaining Unbiased During Interventions
- Maintaining Your Calm During Crisis
- Recognizing When Challenging Situations Are Leading To Violence
- Interpreting body language and recognizing signs of crisis and escalation
- Effective tips for Conflict Resolution
- De Escalation techniques

Training makes you a more confident nurse



Video example for nurses



Long video

3 tips for nurses



Agitated individuals

Don't rush, use a gentle tone of voice, provide reassurance, schedule activities around the student's natural tendencies, have fewer options



Tips

- Take a deep breath.
- Have a planned escape route from the room. Remove loose items (lanyard, stethoscope, etc.)
- Stay at least two arms' length away from the person escalating and don't turn your back on him or her.
- Keep your expression and posture relaxed and don't use too many gestures.
- Stay at eye level with the patient.
- Maintain a calm expression and voice.
- Keep your hands where the patient can see them.



- Designate one primary person to communicate with the patient.
- Restate what the patient says so they know he or she has been heard and to be sure you understand the issues. "Tell me if I have this correct...."
- Don't threaten but do set boundaries. "I understand you're frustrated with not being able to go home today; however, it's important that you do not yell at staff."
- Don't use jargon. Speak in short sentences.

- Empathize with feelings and be nonjudgmental.
- Try to understand the reason for the escalating behavior.
- Offer the patient realistic choices when possible.
- Use the person's name and suggest you both sit. Alternatively, if possible, walk and talk with the patient to help relieve stress.
- Be OK with silence; sometimes it gives people time to realize the difficulty their behavior is causing.
- Don't argue but do point out consequences of the behavior.
- Be respectful, but don't answer rude questions.
- Don't hesitate to get help. Keep yourself safe.

Check in with yourself

You can make a situation better or worse, so pay attention to your own behavior. Avoid anger, closed body language, and aggression. Instead, stay calm, keep a relaxed posture, and make eye contact. Keep your hands visible so that the patient doesn't think you're hiding something. Remember that having too many people in the room may overwhelm the patient; however, for safety, you may want at least one other staff member with you.



- Offer the patients options, careful to never promise something that can't be provided. Even small gestures such as offering the patient a blanket or food can demonstrate kindness and serve to mitigate aggressive behavior
- Keep Calm Debrief
- when you conclude an interaction with an agitated patient, gather your colleagues and involved staff to conduct a short debrief. This can be as simple as recapping the case, discussing what went well, identifying opportunities for improvement, and reviewing current policies and procedures. A debrief can really help reinforce your de-escalation skills and transmit that knowledge through the rest of your department.



PT focused

Non-verbal communication is key communicating respect

- Be aware of your stance, gestures, and facial expressions.
- Do not cross your arms, conceal your hands, or stare directly at the patient, since these can be perceived as acts of aggression.
- Allow the patient to express how they feel, and do not interrupt. When responding, use plain language, speak in a low tone, and use short, concise sentences. It may be helpful to use phrases that demonstrate your understanding, for example: "It sounds like you're feeling..." or "Tell me if I have this right..."
- Although not necessary, it is helpful to try and agree with some aspect of the patient's situation. You can agree either in principle or in theory or when you simply cannot agree, using an "I wish..." statement could be helpful. For example: "I wish that was possible."



If a patient makes you feel unsafe (if you are not sure if a patient makes you feel unsafe, if you are thinking that they may make you feel unsafe - then they probably do), you need to do something about it. Use the resources available to you to protect yourself. Ask a colleague if they can co-treat the patient with you, ask a colleague if they can take over care, treat the patient in an open area, or talk to your supervisor. If you are fearful, and not comfortable while treating patients, then you're not likely to provide your best care.

For the verbally aggressive patient, you may say something such as, "*You seem angry. When you curse, yell, etc, I find it difficult to provide the care that you need.*" Again, you need to be clear about what you can and cannot provide in PT.

Strategy 1: Using Structured Choice

<https://www.youtube.com/watch?v=0XNnE4ORmAc>

- **Situation**
What can I do when my student wants to keep playing & cries because it is time to go home?
- **Summary**
Crying will most likely escalate if you use words like, "it is too late...time to go home...cannot do this now." Use the Structured Choice Strategy to decrease the behavior. State: "When it is play time tomorrow, what will you choose? These Lincoln Logs or the art area?" When there is a reply continue with more questions: "Would you like to write that down so we remember?" "Would you like to write it on paper or on the blackboard?"; "Would you like me to write it or do you want to?" The situation should change from an increasingly trying and argumentative moment to a diffused and happy one as the student feels control over a situation in which she previously felt powerless.

Structured Choice continued

1. If the student is "in the moment" and displaying interfering behaviors – immediately assess the function and student's needs.
2. Agree and empathize with the student: I really like what you built; this IS a good toy to play with.
3. Begin to provide a structured choice question and options the student has control over such as: "What are you going to choose tomorrow at play time? The Lincoln logs or the art area?"
4. Continue with question choices to help redirect the student's thoughts from the problem to the solution and assist her with regaining control over a situation in which she previously felt powerless.
5. Note that when a student is "In the Moment" the adult job is to de-escalate the situation.

Strategy 3: Multi Step approach

A child acting out, having a tantrum or becoming uncontrollable can be a frustrating and scary situation to be in. You are responsible for remaining calm and keeping safety as a top priority. The ultimate goal is to handle the situation in such a way that the child trusts you more after the interaction and the behavior decreases over time.

1. **Assess any safety risks. Take a moment to look around the environment and identify if there are any dangerous objects or hazards.** Some examples of safety risks are:
 - Sharp objects
 - Cords that could become tangled around the child
 - A set of stairs that could be fallen down
 - A hot stove or fireplace
2. **Make adjustments to the child's environment to ensure their safety.** If you identify safety concerns do what you can to remove them from the child's crisis area. Some things you can do to ensure safety are:
 - Move dangerous objects to a high shelf or secure cupboard
 - Stand in front of sharp corners
 - Physically move to another room - the child may follow you to keep your attention

Definition

A structured choice option is an intervention that gives a student a sense of control over a situation by providing choices. Structured choice interventions are used to prevent or de-escalate interfering behaviors and to increase appropriate behaviors.

Strategy 2: The option process/turning the tables

<https://www.youtube.com/watch?v=P5dYCwyREbc>

<https://www.youtube.com/watch?v=0u1LWJAMyE>

Help by staying engaged with a nonjudgmental attitude, asking questions to give increased opportunities to see how she's operating mentally to believe, feel and operate differently. This drill capitalizes on the fact that autistic children are often ritualistic and/or obsessive compulsive. It works by redirecting your autistic child's angry thoughts and causing them to focus on being ritualistic instead. It's kind of like their ritualistic thoughts take over their angry thoughts.

3. **Calm yourself.** This step is easy to skip, but it is very important for a successful outcome.

- Take deep breaths
 - Remind yourself that you can resolve this safely and effectively
 - Feel the contrast between your calm demeanor and the child's out-of-control one
 - Let go of planning how you will resolve this
 - Let go of thinking about discipline or consequences
 - Let go of worrying about how much time it is taking or may take

4. **Calm the child.** Each situation and each child is different so you must think on your feet and be creative. Their initial escalating behavior may have been attention seeking or manipulative, but a child who has become out-of-control is not doing it to be malicious or cause trouble on purpose. They are acting out because they are not being fully understood and they are angry. Some things you can try are:

- Sit near them and speak soft reassuring words.
 - Let them destroy something that you are okay with (ex: break all their Legos apart, rip all the sheets off their bed, stomp grapes on the sidewalk, etc.)
 - Tell them you would like to help them but can't do so until they calm down.

6. Discuss how to make amends.

- Ask the child what they need to do to make it right.
 - Make sure they clean up anything they destroyed or damaged.
 - Have them apologize to anyone who may have been hurt or scared by their actions.

7. Discuss what they will do next time.

- Have the child brainstorm what might work better to get what they want.
 - Come up with more ways to express their anger that are safe and appropriate.

5. **Give them some quiet time and space.** A child who has calmed their body down still needs to calm their mind down. They are likely ashamed of causing such a scene and may be upset or embarrassed about some of the damage they did. Do not proceed to yelling at them or discussing consequences until they have had time to rest and get back to a more stable state of mind. Make sure to tell them you are proud of them for calming down, that you are not mad, and that everything is okay. This will feel counter-intuitive, but shows the child that their acting out didn't phase you and that you are strong and capable of handling stressful situations.

8. **Tell them how you feel.** Make sure you tell the child how their words and actions affected you. If a certain location, person, time of day, activity or object played a role in their out-of-control behavior make sure you discuss it. Did they lose some of your trust? Are you going to stop bringing them to the store because of their inappropriate actions? Will you need to be present next time that particular friend visits? Is their baseball bat no longer a safe toy? Finally, tell them you care about them and will be there for them no matter what happens.

Volume, Do not yell over the student

Yelling makes you appear threatening and will not help de-escalate a meltdown. Once the fight or flight instinct is activated, it's important to understand that your child's brain is perceiving a threat. They need reassurance that they are safe.

You may think "*my student knows I'd never hurt them*". Of course, they do. But during these situations you child isn't thinking logically at all. Their brain is instinctually reacting so anything that *seems* threatening will worsen the situation.

If your child is screaming do not try yelling so they can hear you. Wait until they stop and then speak to them calmly and empathetically.

Strategy 4: Reflective Listening

Use only when the student is calm, just recently triggered, or only showing very mild signs of agitation.

When your child is upset they may have questions that, although they may sound trivial to you, are legitimate questions to your child. Rather than shutting down their questions with abrupt answers like "because I said so", practice reflective listening.

- Let your child talk, and focus on what they are saying
- Focus on your child's emotions – based on their tone of voice, body language, etc.
- Restate the question to confirm you know what they are asking
- Give a short and concise answer. Remain respectful, supportive, and empathetic as you address their concerns.

Strategy 5: Quit taking it personally

QTIP: Use this when they are just triggered, mildly agitated, and just starting to question your authority and be noncompliant.

Backtalk or attitude is usually used by a child to express their anger about a situation and maybe even to entice you to become angry too.

- Be aware of your own facial expressions, posture, and tone of voice. **You must remain calm** and do not react in any way. Make sure you don't cross your arms. – Avoid afflictions that indicate frustration, impatience, and condescension.
- Keep a distance of at least 3 feet from your child. Everyone's personal space varies and can increase when agitated, this distance ensures you aren't entering their personal space.
- Talk slowly and civilly
- Explain what the expected behavior is. Saying "stop that" is not enough. You must explain expected behavior in a way your child understands.
- Redirect back to the topic you were addressing

Strategy 6: Offering choices

Your child may refuse to comply with a demand, and challenge your control of a situation by physically and verbally refusing a demand.

Example: You ask your child to "Clean your room" and they respond with "I'm not!"

- Give your child two clear choices that are reasonable and appropriate.
- Explain the consequences/outcome of each of those choices

Example: You can clean your room, or you can go to bed early. You decide.

Strategy 8: Verbal Pause

Outbursts can be both verbal and physical. They can include screaming, yelling, crying, kicking, throwing, hitting, spitting, etc.

This type of behavior occurs when your child is no longer in control of their behavior- during the acceleration period through to the post-crisis depletion part of a meltdown.

If the outburst is verbal only:

- Keep space between you and your child
- Allow them to "vent"
- Don't attempt to communicate with your child at all
- Wait for the meltdown to naturally progress

QTIP

Using this strategy is necessary in order to implement all the other techniques discussed in this post. Without rational detachment, it will also be incredibly hard to stay calm throughout the situation.

Rational detachment is the ability to stay in control of your own behavior and not take your child's acting out or meltdown personally.

- There are many factors you can't control during a meltdown but you can control your own behavior.
- Rational Detachment is required to avoid overreacting or responding inappropriately.
- Have a positive stress outlet for diffusing yourself after a meltdown. Know your personal warning cues that the situation is becoming too overwhelming for you.

Strategy 7: Remove the audience

Behavior may escalate faster when there is an audience.

This is not because your child is seeking attention or to "put on a show" – but because having other bystanders increase anxiety responses and may feel threatening to your child.

- Either remove the audience or remove your child. If your child is too non-compliant in their current state then removing the audience is the best choice. This means having siblings, family members, friends, etc move into another room while you manage the situation.
- If behavior often escalates to violence or the current situation is particularly hostile, have someone close by (but out of your child's sight) who is ready to help.
- Increase the distance between you and your child. Stay aware of your body language and tone of voice. Restate choices.

Strategy 9: Pause for Physical Outbursts

If the outburst is physical:

- Remove bystanders and yourself from the room.
- Stay close by, preferably where you can still visually monitor your child and wait for the meltdown to progress naturally so you can ensure their safety.
- If at any time your child begins to display dangerous, self-injurious, or destructive behavior, you will need to use additional interventions.

The Escalation Cycle

Although meltdowns may seem unpredictable, or like they happen out of nowhere, there is a clear pattern that happens before, after, and during a meltdown.

This is the escalation cycle.

Calm-trigger-agitation-acceleration-peak-deescalation-post crisis depletion of energy-recovery

Familiarizing yourself with each of the stages and the different strategies for each stage will help you not only respond to meltdowns but prevent them from happening altogether.

Equally important to being able to identify each stage of the escalation cycle, is to know which non-violent crisis intervention strategies work for each stage. You can also use the zones of regulation during these times.

Scenario 2 Student

Student cries, hides under desk whenever it is time to complete designated math papers that are assigned per day in a folder. The teacher gives control of the situation by asking the student if he would like to change the order of the papers and the days to complete each one. The student chooses which one will be completed Monday-Thursday. The acting out behavior disappeared immediately and student and teacher achieve the same end result.

Warning signs of violence

Violence often comes from a lack of control. When a person feels they are unable to control a situation, it often leads to negative emotions, such as anger and frustration. If left unchecked, these feelings can lead to physical harm. Fortunately, there are several signs to help nurses identify the potential for danger:

- yelling
- higher pitched speech
- use of excessive profanity
- verbal threats
- inappropriate laughing
- defensive or argumentative
- depersonalization of others
- violation of personal space
- flushed face
- finger pointing
- heavy breathing
- crossed arms



Scenario 1

You're just coming on shift and hear a patient yelling from one of the rooms. You also hear several nurses and other staff members yelling at the patient to sit down or they'll apply restraints. As the patient becomes more upset and combative, you hear several staff members say that they'll try to tie him down. And then you hear a loud slap.

Safety tips: When a situation is escalating, one person should be primarily responsible for talking with the patient. Too many people talking at once can be overwhelming to everyone. Typically, the patient's nurse should be the primary communicator. However, if the patient is angry with the nurse, another person may need to take the lead role.

Avoid using medical jargon that the patient may not understand and don't make ultimatums that may feel threatening. State your name and explain that staff are here to help. Actively listen to your patient to understand what he or she needs. Sometimes restating what the patient is saying can show that he or she is being heard and validated. Keep your communication short, calm, and clear.

Scenario 3

It is time to go home and the student is crying because he wants to play with an item immediately. The teacher states that it is too late, it is time to go home and he cannot do this now; the crying increases. To use the strategy of choice- control the teacher then states, "When it is play time tomorrow, what will you choose to do?" The student stops crying and immediately replies. Then the teacher states, "Would you like to write that down so we remember?" The student immediately says yes! The teacher then states, "Would you like to write that on paper or on the blackboard?" The student says „the board“ and can someone help him. This situation changed from an increasingly trying, and argumentative moment to a diffused and happy one.

Stay Calm

However, tense a situation may feel, raising your voice or issuing threats is only going to make matters worse. Instead, calmly give the person your full attention.

Watch Your Body Language

We often mimic the motions of the people we interact with, and being faced with aggression may cause you to adopt the stance and body language of the aggressor. Be mindful of this, and attempt to keep yourself from taking on a dominant stance.

Move With Care

You never want to make sudden movements when faced with someone who is showing signs of potential violence, and you shouldn't try to get close to them. Instead, keep your motions slow and deliberate while maintaining the space you have between you.

Identify An Escape

Even if you do everything right, there is always the potential that de-escalating won't work. For your safety, make sure you have an exit strategy in case the situation devolves. It can also be helpful to bring in a second person, so you don't have to face the threat alone.

Listen To Their Concerns

Sometimes just listening to a person's perspective is enough to get them to calm down. This is especially true with patients. They are often afraid and simply want to know that their doctors and nurses are empathetic to their situation.

Ask Neutral Questions

Ask questions about what they've said to show you're actively engaged, but make sure to choose your words, so they don't come across as judgmental. Speak slowly and calmly to encourage a subconscious matching to your tone. This will begin to calm their emotions.

Be Honest About What You Can Do

Never make promises you can't keep and address their concerns by offering them solutions that are realistically available. Remember that the aggression is often coming from a place of helplessness and loss of control, so reminding them of their options may help them feel more grounded.

Disruptions. Task avoidance. Refusal. Verbal acting out, physical acting out, fights, office referrals, suspensions—you name it, you've dealt with it.

How do you handle kids who act out?

You know from experience that a gut-instinct response is not a response that often works. Respond on primal instinct and the situation generally gets worse. Tempers flare. Kids escalate. Chaos fuels the fire.

But with a proactive approach, you can navigate difficult situations with a lot more ease. Often, you and your colleagues can even PREVENT student behaviors from spinning out of control in the first place.



Just as teaching is a skill, school crisis prevention and intervention is a skill.

Managing challenging behavior in children and teens is a skill.



Always remember that someone who is escalated is under stress and **not likely to think clearly**. Trying to force the situation to resolve as to how and when you want it is not likely to de-escalate that situation. This is not a good time to expect the escalated person to easily engage in learning, problem solving discussions or debriefing the situation.

De-escalation is all about helping and improving a situation. It is not about making it worse so **avoid any actions which will escalate the situation.** What that might be really depends on the circumstances and the people involved.



When you de-escalate someone or some situation, you **act to improve the situation** (and not make it worse.) Your intervention might be *something you do*, *something you say* or even *choosing to do or say nothing*. Just about anything could be the right response.

You definitely want to **avoid the wrong response**.

The wrong response can make the situation worse!

A power struggle can occur while dealing with a child or client that is in stage of the Stress Model of Crisis, including: baseline behavior, triggering event, escalation phase, crisis outburst and throughout the recovery process. To avoid the power struggle, it is essential to understand and recognize what is happening.

Triggering event: Something happens or the student is in a situation that is stressful. The incident may be an observable triggering event (i.e.; someone calls the student a name) or the incident may be something internal (i.e.; the color of the room reminds them of a room where they were physically abused).

Student's feelings: This stress evokes strong feelings and anxieties resulting in discomfort. These feelings may be fueled by the student's thoughts and beliefs about the world, adults, or self. The student may feel rejected, unworthy, embarrassed, deprived, afraid, or angry.

Student's behavior: The student does not have healthy, productive ways of coping with these feelings and exhibits pain-based behavior to try to reduce the stress and take control of the situation. These behaviors are the student's way to defend and protect himself or herself from the hurtful feelings.

Adult's response: At this point how we react or intervene determines whether the student receives the assistance he or she needs to handle the painful feelings or if the stress escalates. We need to be in control of our emotions. A student's negative behaviors may evoke hostile or defensive reactions which continue the power struggle cycle.

If we can avoid getting caught in the power struggle and can focus on the student's painful feelings, instead of their behavior, there are many alternatives we can use to stop the struggle. It's fundamental that the adult intervening on the crisis must stay in control of their feelings, not counter-attack or debate, and help students learn to manage their emotions. The following are ways to avoid or stop a power struggle:

- **Use positive self-talk:** After identifying the student's feelings, we can use positive self-talk statements to keep focused on what the student feels, needs, or wants. Positive self-talk includes short "I can" statements, such as, "I can do this" or "I can work through this".
- **Listen and validate the student's feelings:** We can use active listening to understand the student's feelings and what they're trying to express. This includes mostly nonverbal techniques, such as, head-nodding, tone of voice and facial expressions; however, reflective responses is a verbal technique after the student has drained their emotions, feelings and thoughts.
- **Manage the environment:** The adult attending to a possible crisis situation can use their environment to their advantage by removing additional stimulation, such as, an audience, a weapon, or a potential trigger.

Give the student choices and the time to decide what to do next: Provide a list of choices he or she has made in the past. This helps let the student feel under control in these situations.

- **Redirect the student to another positive activity:** Suggest an activity that can meet the student's needs and avoid a crisis. This should be an activity that he or she can successfully do and should help the student recover to baseline behavior.
- **Appeal to the student's self interests:** Motivate the child to comply with the request by expressing the positive outcomes that may occur if they follow through with the request.
- **Drop or change the expectation:** Regardless of the situation, as adults, we can adjust or drop the expectation if there is no immediate danger and the student is unable to meet the expectation at the present time.

This is where you come in. **De-escalation Skills involve the expertise** to assess a situation, determine a supportive approach and the ability to implement the solution which successfully de-escalates the situation. The following process is particularly important:

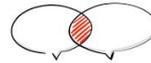
1. **Assess** - the situation to determine the level of escalation, risks and source of conflict
2. **Adapt** - develop a specific approach to addressing the assessed problem
3. **Attend** - implement the plan with your selected de-escalation techniques

Note: **This is a continual process.** Continue to reassess the situation in order to respond effectively. Whether you *improve* or *worsen* the situation or *make no impact at all*, you will only be able to have the right response when you **continually assess and respond accordingly**.



A common misconception of de-escalation skills is that you can learn a specific technique and it will always de-escalate the person in front of you. It is not uncommon to hear people say, "I usually do _____, but this one time it didn't work."

The same technique will not always work because **different people have different needs**. You can even take the same two people and the same issue and the situation may resolve differently on a different day. You will be most effective when you can adapt in the moment to the needs of the person you're trying to support. The only response that works every time is the **right response** for that specific situation.



Self-Care You have to take care of yourself in order to help anyone else

Self Assessment

- Am I in control of my Stress Level?
- Is this situation something that I can deal with at this time?

Adapt Yourself

What have you noticed about your stress level during a conflict
How would you see the situation from their perspective or experience?



Supporting Others

- So what if the person is upset?
- When is it okay, or is it ever okay to be upset?
- Do I need to respond?

De-escalation for OT/PT



Crisis in OT

Children who are on the verge of displaying behavior that requires adult intervention will often show some warning signs of increased anxiety and agitation. Teachers can watch for early indicators of physical or emotional outbursts such as:

- Inability to “move on” from a certain topic that causes frustration (eg: a child may be upset about having to stop an activity that he or she enjoys).
- Irritable or tense facial expressions and flushed skin.
- Inappropriate verbal language directed toward teachers or other children.

Signs of escalating anxiety (repeating phrases, biting nails, inability to sit still).

These strategies, which promote and encourage positive behavior, can be used on a continual basis in the classroom:

- Allowing the child to “self-manage” behaviors by creating a chart that measures daily academic performance and social interactions. Children can place stickers or smiley faces on their charts when exhibiting positive behavior.
- Offering the child concrete choices in regard to completing tasks or engaging in activities (eg: “You can complete this math worksheet now or during free time this afternoon.”)
- Integrating a child’s “preferred activities” into social interactions or classroom assignments (eg: a child who enjoys collecting coins can have the opportunity to show them to the other children or to use them in math activities).

Language

As a therapist, I echo this loudly, the way we speak, the quantity of words we use, the tone of our language, the physical body language we provide all impact the delivery of what we hope the child receives. All children and students are different, but I would say in 8 out of 10 situations a neutral (or calm), low-volume tone is the best approach.



OT

- Giving the child an opportunity to remove himself or herself from a problematic situation. A therapist may accompany the child on a brief walk through the school halls or on a classroom errand. This type of intervention can help a child “cool down” before resuming regular activities.
- Sending the child to a quiet space located inside the classroom but apart from other students (such as a beanbag chair or pop-up tent).
- Talking one on one with the child in an attempt to discern the problem and offer potential solutions.
- Taking the child to speak privately with a school counselor or administrator.

For OT

Therapeutic de-escalation of students, especially those with special needs, or social deficits is crucial. A skill area I urge OTs to begin to further develop and implement. Utilizing emotional regulation, environmental modifications and therapeutic use of self to meet the needs of the child and best support during crises.

However, the school environment changes and how others can best support the child and those around the child during a meltdown. The challenge of trying to support a singular student in a small group, large classroom or in other parts of the school environment during emotionally damaging, behaviorally challenging or possibly dangerous crisis-like situations can be absolutely debilitating to the education and routine of the ‘expected’ school day.

- Tips
- Language
 - Body Language
 - Reduced Environmental Stimulus
 - Setting Expectations
 - Teaching Realistic Strategies

When a child is escalated (i.e. screaming, yelling or physically acting out) providing anger in any form back to them will have little positive effect. We are not talking about gaining their attention in a dangerous situation (walking out in front of a car) but a situation where they are in meltdown, overload, tantrum, crisis- like behavior mode.



Limit the amount of language used

1. When escalated there is a drastic reduction in the amount of language that can be processed, amplify that if the child has a language processing issue. So providing less verbal directions, conversation, background discussion and number of words is important. Limit the language you're using. If you need the child to follow a directive like moving to a new location, be *realistic and specific*.

"Casey, sit down" "First sit down" "I'll speak when you sit down on this chair"

"First, sit down here (point) and then we can speak"

Have you heard this language before "First, Then"? Use it, especially when children are familiar with this type of language. It is clear and communicates effectively.

If a child is in an escalated state, it is not the time for processing or digging deeper for the 'real' issue. This is a time to work on decreasing the intensity of their behavior so they are accessible to supports.

Vocab

Vocabulary: Use basic language and work to use your best 'therapeutic self', verifying their feelings and acknowledging the moment they're in. You don't have to 'agree' and you are not giving into the behavior by doing these things. Remember we are not trying to "win" and this has no effect on your ego, we are trying to support and make a difficult situation safe and more successful for everyone involved.

1. "I can see you are upset, I want to listen to you".
2. "When you're yelling, it is hard for me to understand what you are saying. Can you slow down please?"
3. "I can tell you are having a hard time, how can I help"
4. "Hey, I noticed you are looking upset." "Can I speak with you"
5. "When you're ready to talk, can you please let me know?"

Think about a time where you felt emotional a huge fight with a significant other or total sadness over an event, utter rage about something. Think about how your own body physically responds, clenched, crying, tense, laying down or sitting against a wall, covering your face with your hand or your body with a blanket. These children are feeling this way at that moment. It may seem trivial to us, however, a change in schedule or loss of access to a preferred item can feel like the biggest fight with a spouse. Our job is not to change how they feel in the moment but improve the reaction to more appropriately match the precursor event.



Volume

Volume: low volume, do not try to speak over the child or get into a back and forth argument. Sounds kind of silly, but very easy to do.

1. I suggest using a volume that can be heard 'across the table', not one across the room and more audible than a whisper. Feel like your speaking to the child, not to the audience or others in the room.



Body Language

Despite having a link to verbal spoken language, it deserves its own category. Body language is a huge component of de-escalation or further escalation. Many people, especially those with verbal (expressive or receptive) language challenges rely on body language to communicate what they are unable to hear or understand.



Give them respect through your body language, if it is safe. Do not hover over them. If they are on the ground, keep a safe distance and crouch lower to the ground. If they have clenched fists read that as a sign and give space but leave your body 'relaxed'. Keep your hands open, arms uncrossed.



If you feel the situation could result in needing to touch the student, be discrete about preparing yourself. For example, if your facility practices physical intervention do not walk up to the child while you push up your sleeves, take off your watch and tie your hair back. This communicates to the child that you are going to become physical, which will naturally cause them to escalate in fear and anger.



I do not intend to make this sound obvious or easy. Although, it seems perhaps a bit clear — this is hard! I often see people begin to lose their therapeutic momentum here. High-intensity moments, put us on edge as well. Adults can become eager to perhaps dominate the situation out adrenaline, become anxious due to concern or become frustrated due to familiarity or annoyance. Be aware of your body and what you are communicating without saying anything.



Like I had said previously, I like to use a volume that is 'across the table', this often means my distance is similar. I will often ask the child or tell them where I am moving my body too. I'll say things like:

"I am going to come closer so we don't have to yell. Tell me if I am too close to you?"

"Is it okay if I come in the room?"

"Let me know if you need more space from me?"

I think proximity, observing personal boundaries, communicates safety and trust. In most instances, I feel that those two things allow children to access our help more readily. Now, there are plenty of instances or moments where being 'too close' is dangerous or the student needs space. I honor this. Again, you may need to know your student or observe others in the experiences to begin to gather this information.

Use physical gestures when speaking. For example if someone is yelling, use your hand to motion a 'lower volume'. When giving a demand to complete a task like to sit down, point to the area in which you need them to sit. If you are avoiding verbal discussion, do not stare at them in a challenging way. If you're speaking be aware of your facial gestures and look towards them and communicate that you are listening to what they are saying.



You need to read each situation as its own. Often times I find proximity (the distance between the child and myself) to be crucial in de-escalation. This may take some trial and error. For some students, I think when we give a lot of space and surround them from far away — they feel they are being perceived as dangerous. Despite the truth of that danger, they may not be willing to trust or de-escalate because of this.



Reduce environmental stimuli

Sensory overload. This is relatable and applies to me when I'm driving. If I know where I'm going I can have music on, kids chatting, one hand on the wheel (safe?) and discussing with the passenger about dinner plans. However, if I'm driving in an unfamiliar place, relying on GPS and possible in a populated area—aaaaahhhh! I need utter silence: radio off, kids quiet, no discussion of dinner plans! That's just me in a moment to moment, day to day experience.



Now imagine you've lost your cool at school. There are students everywhere, noises happening, bells ringing, loudspeaker, cafeteria smells, people all over talking to you. It's true overload. When do we calm, mostly when its quiet and we feel safe and 'comfy'.

If I'm overwhelmed and in tears, I never head to the mall food court. I do, go into my room, get into bed and shut the lights off.



For example; a weighted blanket, beanbag, weighted stuffed animal or sensory bin. Bring it back to the basics of a 'calm' environment. Your tone, your body, space. Help them be present in what is around them, without having them figure it all out.

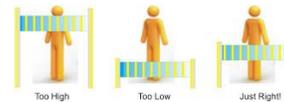


Setting expectations

I think this tip is both useful in de-escalation and prevention (who doesn't love overall prevention!). I wish I had a way to communicate to society that we *need* to teach our children and students HOW to behave. Not expect that they are born knowing how to do it. Especially, especially our children struggling with social skills. We teach our children how to read, ride a bike, and play a board game but at times we expect them to know how to react or behave inherently to situations. Have we explicitly set the expectations for behavior after we explicitly taught them? I really feel in most cases we have not.



We help the student and ourselves gain back control. Boundaries and expectations allow students to know 'what is happening'. There should be no surprise. Often times in order to move on a compliance task is required after an escalated behavior. Make the task reasonable, demand something that can and will be achievable! A compliance task is most effective if it is simple, the student demonstrating they can follow a direction.



If the student had a meltdown, threw items, screamed, hit a staff realize there should be a 'cool down' and most likely processing phase. My suggestion is to avoid 'moving on too quickly. Moving on too quickly can lead to a recurrence of a maladaptive behavior and a missed teaching-learning opportunity. An example of too quickly moving on might be, "I want you to calm down and go back to class". I have seen that countless times. Give them praise for where they are at, but don't forget to take your time to optimize on success.

This tip doesn't come last because it is the least important. It comes last because it must be taught when a child is regulated, calm, able to learn. We teach kids how to dress themselves when they do not know, to ride a bike when they do not know how and to read when they don't know how. What do we do when a child misbehaves? We often punish, for some reason teaching children how to behave does not come as natural as other skills. This is a larger societal issue (think about the prison system). In children who are having emotional outbursts or tantrums, have we explicitly taught them how to behave? Especially, when they may have educational or diagnostic learning and social challenges. Think of a child with autism, much of their social learning, communication, and regulation must be explicitly taught. They do not observe, interpret and respond to their environments in the same methods as though typically developing.

Teaching children what is expected, practicing and giving examples is my preferred method for success. Activities like role-playing and watching scenarios are amazing ways to help children gain needed regulation skills. It is not obvious, dumb or belittling. Children need to know what the expectation is for situations. Like changing classroom, being denied access to a preferred item and going into a store. You are setting them up for success when you give them an opportunity to preview and practice an upcoming experience. You are helping them to prepare themselves for their ability to use taught skills in the moment.

A child in a state of an emotional outburst, tantrum or extreme behavior can bring challenges to all involved. The outcome for all is typically one of safety and return to regulation to complete a successful day.

Poor staff behavior

trying to coerce the person to comply with staff directives, THESE interactions should be AVOIDED

- physical intimidation
- loud voice, angry or sarcastic one
- humiliation, retaliation
- applying or threatening inappropriate or excessive negative consequence
- naging
- inappropriate use of physical force, or threatening to do so.

For relatability, think about your own day. Do you work better when you know what is expected of you? Do you require a reference to complete a day or tasks, or a specific activity? If I go to work and do not know my schedule for the day my productivity, anxiety, and frustration are all impacted.

Good staff behavior

positive interaction strategies:

communicate respect
promote dignity

Verbal Behavior:

- the meaning of your words must always communicate respect, no matter what the person may have done or be doing.

- use polite, age-appropriate language. Say please and thank you

- don't bark orders or nag

keep instructions concise and clear

- Be very careful with humor, because it can be confused with making fun of

How you Say It:

- use a positive friendly tone with moderate volume

- if person is behaving inappropriately, keep tone neutral

- even if person is very loud, you should generally keep your volume low

Language Choices

As you implement these techniques and navigate through meltdowns or challenging behavior, it's important to choose the right language.

Giving consideration to *how* you say something can positively impact how your child responds.

DON'T SAY THIS

-Why don't you....?

-You always....

-When will you...

-You never

-Everytime I...You.....

Avoid making demands

Sometimes too many demands can actually cause the meltdown in the first place. But regardless of the cause, avoid making more demands during dysregulated situations.

Telling your child repeatedly to "stop" or "calm down" or "snap out of it" isn't going to make them stop or calm down or snap out of it. It doesn't matter how nicely, or assertively, you ask.

Place all of your other expectations on hold, temporarily. The only thing that matters in the present moment is helping your child calm down.

Good Language Choices

What happened?

How can I Help?

Sometimes I...

What is different about....?

It makes me feel...when.....

Not a time to have a discussion or reason with

A lot of people question why I advise avoiding saying no, or trying to reason with a child during a meltdown.

During a meltdown, the brain enters survival mode. It shuts down the thinking part of the brain and simply reacts to a threat (whether perceived or real).

This is a primal survival instinct, known as fight or flight. When faced with true danger, if the thinking part of our brain was functioning we'd hesitate and/or try to use logic and it could cost us our lives.

During a meltdown, often what happens is that 'alarm' goes off when there's not a true threat.

It's like having an alarm system on your home to protect you from burglars but it's so sensitive that it goes off any time a bird lands on your roof.

This is why during times where the hindbrain is in control it's important to remain calm and ensure safety until the forebrain is back in control.

When your student is having a meltdown, the logical part of their brain (the prefrontal cortex) isn't working.

During a meltdown, the fight-or-flight instinct takes over, the brain is flooded with adrenaline and cortisol, so they literally cannot access the [part of their brain that thinks logically](#).

It may be tempting to try to reason with your child but often that will make them angrier.

Avoid saying things like "I know you wanted me to pick you up from school, but I have to work late." or "Your pink shirt is in the washer so I can't have it ready in time that's why you need to wear a different shirt."

When the brain is engaged in fight-or-flight, there is a *perceived* threat. During that time, reasoning attempts are ineffective. Often showing empathy will also make things worse.

Focus on reassuring your child that they are safe, by staying calm and meeting basic needs.

Once your student has actually calmed down, they may respond to this kind of reasoning, but mid-meltdown it won't help.

Student rights

Least restrictive interventions: when there is more than one way to address a problem, we use the most positive, least coercive that is likely to be safe and effective

- right to be free from restraints: only if necessary for immediate safety

- right to be free from verbal, sexual, physical, mental and emotional abuse.

-Right to informed consent: those who we provide service to have a right to know what interventions will be used to support them.

Questions and answers

Oftentimes, when people are searching for answers on how to help kids and adults who might exhibit challenging or dangerous behavior, they're not sure where to start.

What questions do you have?

Resources

<https://www.youtube.com/watch?v=llFvYkRbZ2A->

Preventing Restraint

Why power struggles occur-

<https://www.youtube.com/watch?v=VplwMedyEgw>



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