

# De-Escalation with Students

Matt Buckman, Ph D  
Stress & Trauma Treatment Center

# Overview

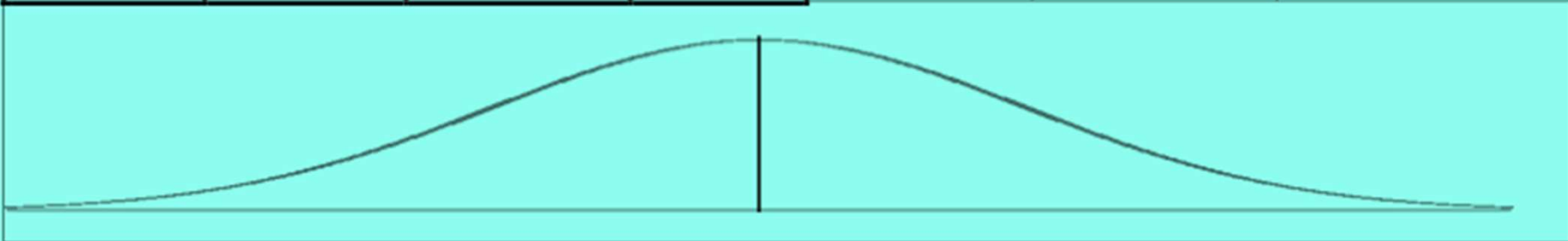
- Overview of Escalation & De-Escalation Cycle
- What are some common diagnoses that may contribute to frequent escalation.
- What can WE do to help de-escalate?

## Escalation Cycle (adapted from Bounds, 2003)

*\*This is a tool teams can utilize to plan responses to each phase of the acting out cycle. This should be a part of a comprehensive positive behavior support plan.*

### Specific Student Responses

<b>Calm</b> Cooperative	<b>Triggers</b> Unresolved conflicts	<b>Agitation</b> Unfocused	<b>Acceleration</b> Focused/intense	<b>Peak</b> Most severe	<b>De-escalation</b> Confused	<b>Recovery</b> Non-engage/alone
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### Specific Staff/Adult Response

Prevention	Prevention and redirection	Reduce anxiety	Safety	Crisis intervention	Remove excess attention	Re-establish routines
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Adapted from Bounds (2003)

Lewis, Kittelman & Wilcox (2011).



# Attention Deficit/ Hyperactivity Disorder

- Persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development
- Several inattentive or hyperactive-impulsive symptoms present in two more settings

# Inattentive Type Symptoms

- Often fails to give close attention to detail or makes careless mistakes
- Often has difficulty sustaining attention
- Often does not seem to listen when spoken to directly
- Often does not follow through on instructions and fails to finish work
- Often has difficulty organizing tasks and activities
- Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort
- Often loses things necessary for tasks or activities
- Is often easily distracted by extraneous stimuli
- Is often forgetful in daily activities

# Hyperactive/ Impulsive Type Symptoms

- Often fidgets with or taps hands or feet or squirms in seat
- Often leaves seat when expected to remain in seat
- Often runs about or climbs in inappropriate situations
- Often unable to play or engage in leisure activities quietly
- Often “on the go” or “drive by a motor”
- Often talks excessively
- Often blurts out an answer before a question is completed
- Often has difficulty waiting turns
- Often interrupts or intrudes on others

adulthood modification  
accurately **behavior** discrepancy  
**affecting** parents **assessment**  
homework assignments  
combination diagnostic research **diagnosed**  
symptoms impulsivity **psychiatric** disorder  
children studies struggle estimated trouble  
lifestyle changes confused  
**diagnosed** miss details **disorders** **inattention**  
symptoms medications difficulty **healthcare** continuous throughout daydream  
**hyperactivity** neurological diseases stimulant  
behavior disorder  
training **prefrontal cortex** neurological impatient **diagnosis**  
difficult **screening**  
impulsivity **reliability**  
distracted **diagnostic**  
**daydream** touching  
**confused** **causes**  
**struggle** distracted  
touching trouble  
scientific community **disorder**  
constantly **treatment** homework assignments miss details developmental lag population  
**severity** **patients** neurological cortex  
behavior disorder increasing clinicians range **genuine disorder**  
neurological disease **attention deficit** assessment  
diagnosed subjective bias differentiate prefrontal cortex quiet  
develop referring medication **missed**  
lifestyle changes **involves** **childhood**  
girls symptoms activities continuous estimated subtypes **compensate**  
behavior **development** frequently symptom  
disorder difficulty boys  
behavior diagnosed symptoms  
inattention severity



# The Cerebral Cortex



# Oppositional Defiant Disorder

- Consistent Pattern of...
  - Angry/Irritable Mood
  - Argumentative/Defiant Behavior
  - Vindictiveness

(Excludes sibling interactions)

# ODD Symptoms

- Angry/Irritable Mood
  - Often loses temper
  - Is often touchy or easily annoyed
  - Is often angry and resentful
- Argumentative/Defiant Behavior
  - Often argues with authority figures
  - Often actively defies or refuses to comply with requests or rules
  - Often deliberately annoys others
  - Often blames others for mistakes
- Vindictiveness
  - Has been spiteful or vindictive at least 2 x in past 6 months

# What is Bullying

- Bullying occurs when a person is exposed, repeatedly, and over time to negative actions on the part of one or more other persons and he or she has difficulty defending himself or herself.

# Three Characteristics of Bullying

- Intentional, negative act
- Involves a power imbalance
- Repeated over time

# Some Warning Signs for Victims

- Follows the aggressor(s).
- Cries or appears emotionally distressed after being in contact with other children.
- Has conflict with others.
- Acts in ways that are uncharacteristic of this person.
- Gives up possessions to others.

# Some Warning Signs for Aggressors

- High level of power within their peer group.
- Teases, threatens, intimidates, or orders others.
- Other children appear scared or intimidated by the child.
- Quiets other students when adults are present.

# Acute trauma

- ❖ Single event
- ❖ feelings, thoughts, and physical reactions that are frightening.
- ❖ Universal distress





# What is toxic stress

- *“The excessive or prolonged activation of the physiological system in the absence of the buffering protection afforded by stable, responsive relationships.”*

American Academy  
of Pediatrics



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# What is Traumatic Stress

- Overwhelm a person's capacity to cope and elicit feelings of terror, powerlessness, and out-of-control body response.

May affect:

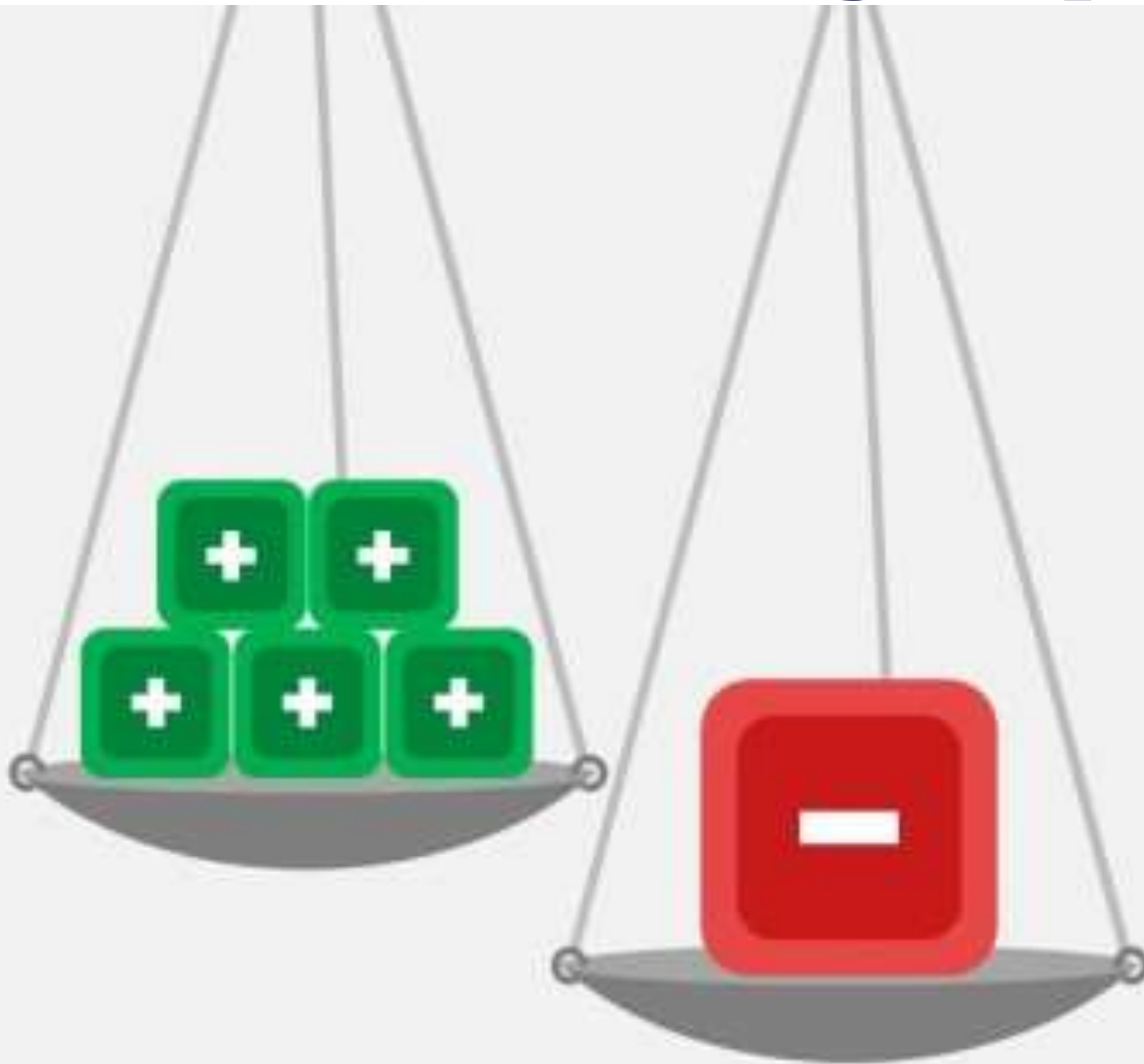
- Ability to trust others
- Sense of personal safety
- View of the world and self
- Ability to navigate stressful events and changes in life



# Post-Traumatic Stress (PTSD)/ Secondary Traumatic Stress

- A: Exposure to actual or threatened death, injury, sexual violation  
Direct, witness, learning about, exposure to details
- B: Intrusion symptoms beginning after event  
Memories, dreams, dissociation, physiological reactions
- C: Avoidance beginning after the event  
Avoidance or efforts to avoid memories, thoughts, feelings, reminders
- D: Negative alterations in cognition or mood beginning or worsening after the event  
Persistent negative emotional state; negative beliefs or expectations of self, others, the world; lack of memory; distorted cognitions; diminished interest/participation; detachment

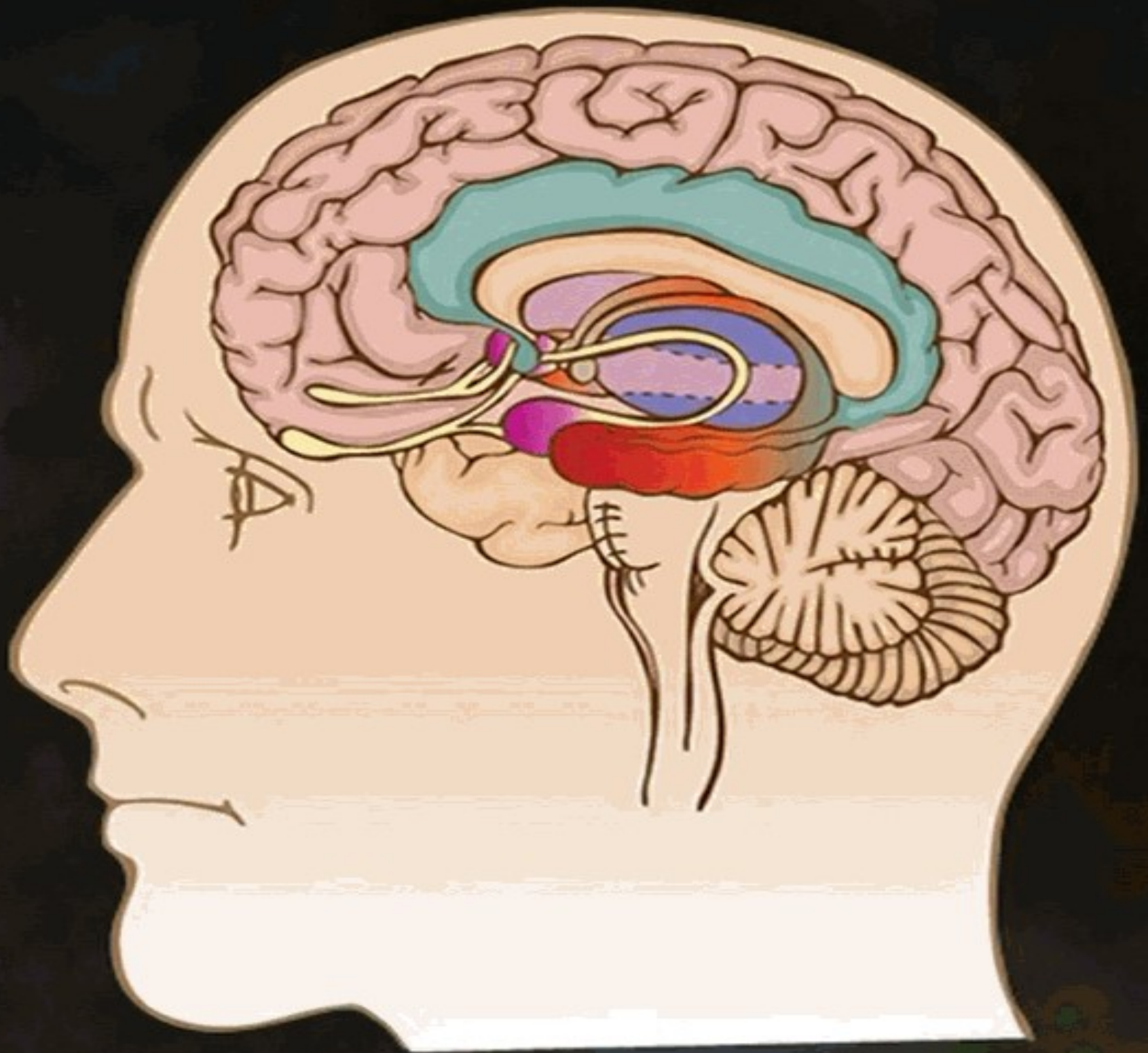
# In Common: Relational Wellbeing Impacted

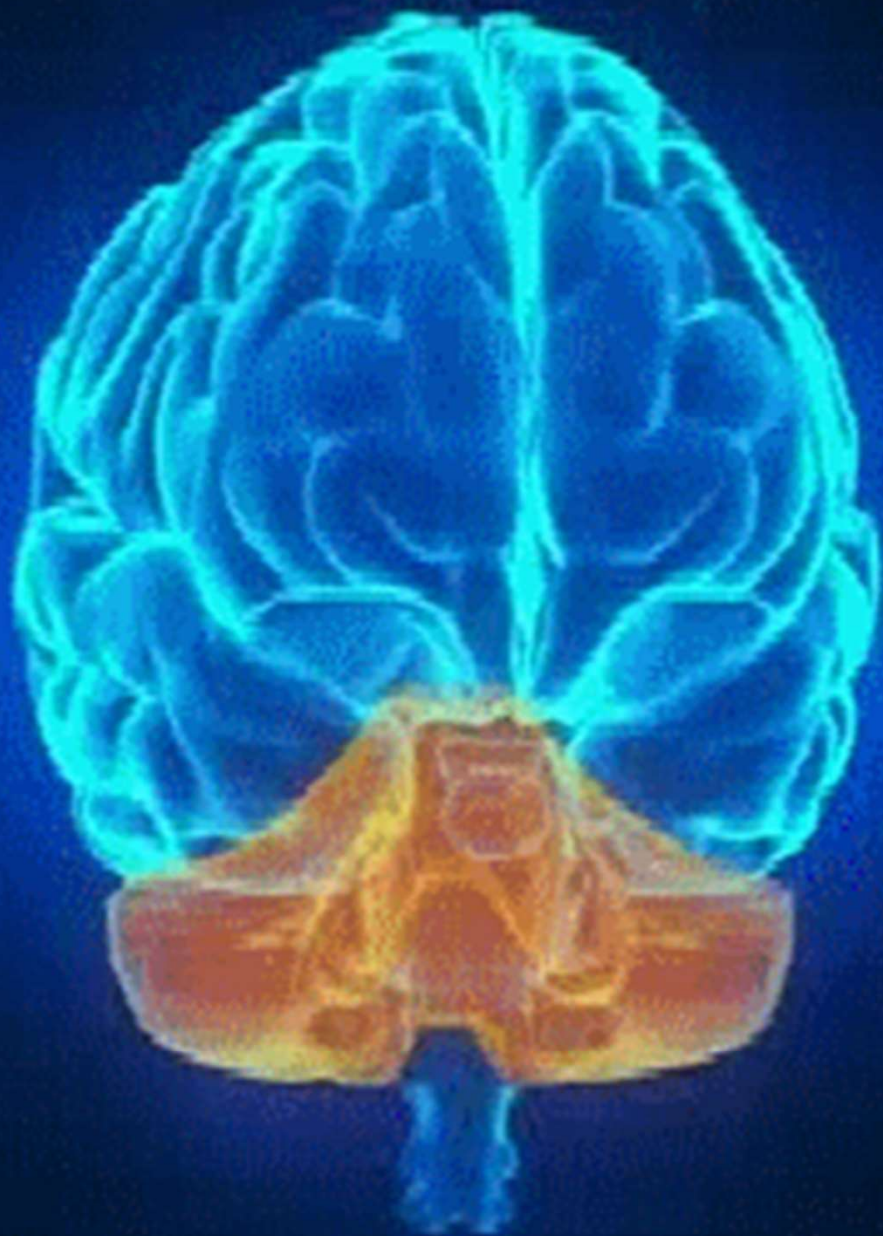


# Why is my student like this?

- Genetics
  - Nature's version of revenge
- Temperament
  - They were born that way!
- Environment; Parenting
  - Cause or reaction?

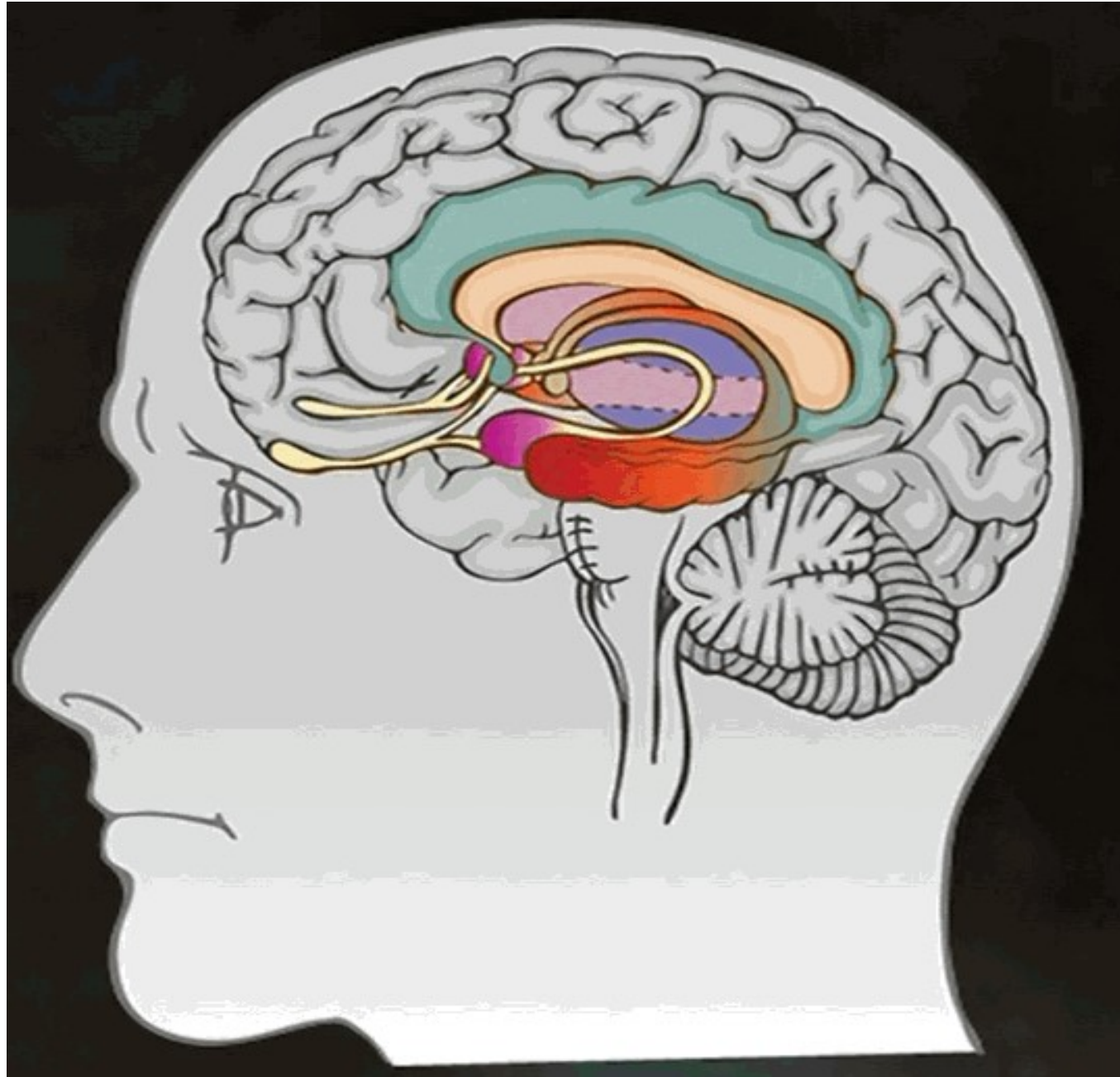
What Can We Do To  
Help?







# The Limbic System



# The Cerebral Cortex



# CPI Top 5 De-Escalation Tips

## **Be Empathic and Nonjudgmental**

Do not judge or be dismissive.

## **Respect Personal Space**

## **Use Nonthreatening Nonverbals**

Be mindful of your gestures, facial expressions, movements, and tone of voice.

## **Keep Your Emotional Brain in Check**

Remain calm, rational, and professional

## **Focus on Feelings**

Watch and listen carefully for the person's real message. Try saying something like "That must be scary."

Join us for Part II!!!