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| The Student Is: | How to Respond: |
| Stage One – Self talking, isolating, breathing deeply | Continuous and frequent positive reinforcement for moments, even brief, of de-escalation.  *Examples:*  *“Thank you for walking back to your desk.”*  *“Thank you for using a soft voice and letting me know what you need.”* |
| Stage Two – Moderately disruptive, pacing, talking loudly, crying | Subtle Re-direction and constant validation. Clear and concise statements made with a quiet and relaxing tone. Position yourself as to not be directly in front of the student. Appear calm and listen empathetically.  **\*Do not address the problematic behaviors.\***  *Examples:*  *“I see you are upset. I am sorry. I would love to listen to you for a moment.”*  *“I am happy to see you, but I am sad you appear to be hurting. How can I help you feel better right now?”*  \*When you see the student appear to become “Cyclic” with his statements…or constantly circling his thought patterns (ending up saying the same statement over and over), it is important to re-direct the conversation to a non-partial topic you know the student will enjoy. You will often see an immediate change of countenance, and you can begin to allow the student to self-soothe at this point.  *Examples:*  *“Did you watch American Idol last night? I really liked the girl contestant, Mary. Did you like her?”*  *“I am so excited to go swimming soon. It is my favorite thing to do. Do you like swimming or skiing better?”* |
| Stage Three – Flailing, screaming, aggressive, self-harm | Specific instructions/requests made for safety purposes. Office contact must be made by this point, and class removal is typically necessary.  *Examples:*  *“I can see you are upset, and I would love to listen to you. You can choose to walk with me, or you can choose to have someone help you walk to the office.”* |
| Stage Four – Uncontrolled behaviors that require hands on procedures to be used…only to be used by a staff member who has had specific training. | Parents and possibly police personnel will be contacted at this point. |

**Notes to Consider**

\*Typically children who are regularly escalated struggle with some form of mental illness or genetic disorder. Although it is extremely difficult, and sometimes very frightening, for you and your students, it is helpful to remember that the child did not choose to have this disability. The child’s brain is sometimes incapable of creating rational thoughts, especially un-medicated. This does not excuse aggressive and non-compliant behavior, but it gives us an opportunity to handle these types of situations with empathy, rather than anger. Children who struggle with mental illness, Autism, or another disabling condition, struggle so hard just to be a part of a world that does not work for them the same way it works for their typically developing peers. This biological issue is then compounded by the fact that children cannot always control environmental factors such as medicine availability, sleep routines, healthy eating and exercise, and parental support.

\*It is an added stress on a class (to say the least), and the safety of the student, you, and the other students is the number one priority. *Never hesitate to send a child to the office, or call the office for support, while in stage one or two.* As you would guess, it becomes increasingly more difficult to calm a child, the deeper into the escalation cycle they dig.

\*Remember…the goal is to de-escalate the student, not solve the issue. We have all had moments of irrationality, and if we think back to those moments, it is easy to recognize and remember that we did not have the emotional capacity or strength to solve the presenting issue. When a student suffers from mental illness, or anything that causes escalation, they are *typically not thinking rationally*. Therefore, it is impossible to address any significant issue. **The best advice I ever received in Grad school, “You CANNOT ration with an irrational person. It is impossible.”**

\*It will become very clear when the student has completely phased out of the escalation cycle, sometimes they will even fall asleep. The student will speak in a lower voice and will answer your questions appropriately. They will generally be receptive to consequences given, and will usually even understand the direct relationship between the choice they made not to use their “coping strategies” and the escalation of their behavior beyond their immediate control. It is important to have a safety plan in place (if not in place already…I can help with this☺ ). It is also necessary to ask them to keep a commitment with you that they will follow the safety plan the rest of the day (no longer…too abstract), if administration and/or support staff have determined it is safe for the student to return to class. This is a type of behavior contract, and helps the student to feel more committed to their behavior. It is also helpful to attach some sort of reward to the end of the day if they make it.