

EVIDENCE BASED TRAUMA INFORMED
BEHAVIOR MANAGEMENT –
UNDERSTANDING RISK BEHAVIOR TO
SUPPORT DE-ESCALATION (DAY 2)

MAY 21, 2025

LEARNING OBJECTIVES



WE ARE GOING TO TAKE A STEP BACK:

1. Understand why and how a person demonstrates distress behavior
2. Objectively analyze behavior and identify the level of risk

THEN

1. Apply strategies discussed in the Day One training to mitigate risk and de-escalate challenging behavior

Understanding Distress Behavior

“
ALL **BEHAVIOR**
IS A FORM OF
COMMUNICATION.
—
DISTRESS BEHAVIOR
CAN BE HOW A PERSON
COMMUNICATES
THEIR **DISTRESS.**”

UNDERSTANDING DISTRESS BEHAVIOR

DISTRESS (EMOTIONAL DYSREGULATION)

- Often a **natural response to trauma or chronic stress**
- **Brain-based:** Trauma and frequent stress impact the brain's ability to regulate emotions
- **Developmental:** Managing emotions is a skill that develops over time

LOOKS LIKE

- Tearful or shut down
- Anxious or withdrawn
- Easily frustrated
- Trouble focusing or following directions



DISTRESS CAN BUILD INTO DISTURBANCE

- If the student **can't regulate** emotions or get help, behaviors may **escalate**
 - Crying → yelling
 - Frustration → refusal or aggression
 - Anxiety → avoidance or outbursts

 **What This Looks Like Over Time**

Distress → Escalation → Disturbance

Understanding Distress Behavior



A person communicates distress through behavior.

What does this mean for you, as staff? How does this change your approach to “challenging” behavior?

Understanding Risk



What are some distress behaviors that you see at your workplace, that cause you concern?

The *Decision-Making Matrix*SM

Severity of Harm	Catastrophic Death will occur, or the level of injury will lead to permanent or irreversible ill-health	MEDIUM	HIGH	EXTREME	EXTREME	EXTREME
	Major Psychological or physical injury will require treatment leading to long term incapacity or disability	MEDIUM	HIGH	HIGH	EXTREME	EXTREME
	Moderate Psychological or physical injury will require treatment and/or lead to medium term incapacity and ill-health	LOW	MEDIUM	HIGH	HIGH	EXTREME
	Minor Psychological or physical injury will be non-permanent and/or cause no lasting ill-health	LOW	MEDIUM	MEDIUM	HIGH	HIGH
	Negligible Psychological or physical injury will be minimal	LOW	LOW	LOW	MEDIUM	MEDIUM
		Rare Will probably never happen	Unlikely Is not expected to happen, but it could	Possible Might happen	Likely Will probably happen	Certain Will undoubtedly happen
Likelihood of Behavior						

OVERALL RISK RATING GUIDE (Color code)			
Green (G)	Yellow (Y)	Orange (O)	Red (R)
Low Risk	Medium risk	High Risk	Extreme Risk

PROACTIVE STRATEGIES (BEFORE ESCALATION)

- 🧠 **Notice early signs** (Is the student getting quiet, frustrated, or nervous?)
- 👤 **Be present and non-threatening** (stand calmly nearby)
- 🗣️ **Use a calm voice and give space** (“I see you’re upset — I’m here to help.”)
- 🤝 **Build relationships daily** — greet them by name, notice their strengths
- 🎯 **Teach simple coping tools** (deep breathing, 5-minute break, journaling)
- 🗑️ **Give choices** — “Would you rather take a break or keep working with me?”
- 🧠 **Know their stress triggers** — lights? noise? transitions?

REACTIVE STRATEGIES (IF BEHAVIOR ESCALATES)

-  CALL FOR HELP IF THERE'S A SAFETY CONCERN
-  DOCUMENT AND DEBRIEF AFTER INCIDENT

Strategy

 **Help**

What It Means

Offer emotional support and connection

Example

“I see you’re upset. I’m here if you need help.”

 **Prompt**

Give a clear, calm direction

“Let’s take a break now.”

 **Wait**

Give space to self-regulate

Stay close but quiet; avoid power struggles

LET'S PRACTICE

- In your groups access the risk level of the behavior described in the scenario.
- Using the de-escalation strategies discussed on Day One describe how you might apply the strategies to de-escalate the behaviors described in the scenario.

The Decision-Making MatrixSM

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Strategy

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CASE STUDY 1

A seven-year-old tends to get distracted often, playing with his school supplies or trying to talk with other students.

Today, he is struggling to stay in his seat. As the class works on an activity, he gets up and begins to fidget with a toy in the back of the room.

CASE STUDY 2

An eleven-year-old student is dealing with mental health issues. When asked a question, she has her head down and does not respond to a teacher. When the teacher continues to press her for an answer, she yells out, “Leave me alone!” and storms away, knocking books off her desk and a fellow student’s desk

CASE STUDY 3

- A six-year-old student with ADHD struggles to cope with too many instructions. When asked to help put away the crayons, he responds by walking around the room, pushing things off desks, and causing disruption. He finds sticky tack, and when the teacher asks for it back, he goes even more extreme with his behavior, screaming, “It’s mine! I found it!” and hitting the teacher.



THANK YOU!
