

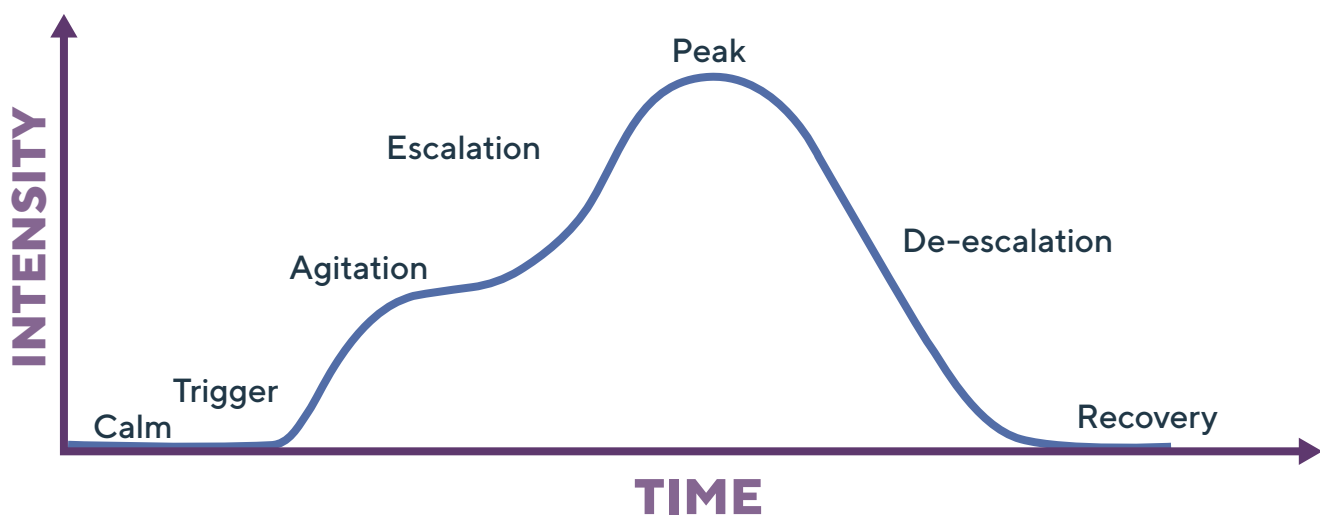
# TIP SHEET: DE-ESCALATION STRATEGIES

When a child engages in challenging behaviors, early childhood providers/teachers face decisions about how to respond. Because these situations are emotionally charged, it is helpful to understand the cycle of behavior and have strategies that can de-escalate the situation.

When considering de-escalation strategies, it is helpful to think about the entire cycle of behavior. Strategies can be used at any point during this cycle to help prevent further escalation, and support the child to calm. After you learn more about the patterns and factors influencing the behavior (see Tip Sheet: **Seek to Understand the Child's Behavior**, you can focus more on prevention strategies (such as teaching social and emotional skills) that can help shift the behavior cycle for this particular child. Prevention strategies should include careful reflection regarding relationships, developmentally appropriate expectations, cultural influences, and any personal bias or triggers on the part of the adults in the setting.

**De-escalation Strategies** are a part of a full, individualized plan to address a child's challenging behavior. If a child has a history of dangerous behaviors, a Safety Plan should be developed. The plan should include clear and consistent safety-net procedures appropriate for the child, and backup plans/support. A Safety Plan focuses on safety and de-escalation, and is not designed to change behavior.

## THE BEHAVIOR CYCLE



## TRIGGER:

**The activities or events that set off the behavior cycle. The interventions at this point are preventative and most successful when you understand the child's specific triggers and responses.**

- Consider what you know about this child and their behavior. Find ways to adjust the environment or situation to avoid the trigger (e.g., provide additional materials if a conflict over a toy is emerging; adjust the activity so that the child can stay engaged and feel successful).
- Consider factors such as sleep, hunger, and stress that might be influencing a child's behaviors, and respond with support to address these needs (e.g., provide a snack or rest time).
- Remind the child of skills and strategies they can use (e.g., problem-solving steps, asking for a turn, using calm-down-breaths).
- Focus on positive behaviors and provide cues for the child to be successful.

## AGITATION:

**The child becomes frustrated or distressed. Interventions focus on redirection and calming.**

- Provide options or choices for the child (e.g., ask the child if they want to hop or crawl to the snack table, offer an opportunity to be a class helper).
- Provider support and/or proximity (e.g., invite the child to sit next to you, validate feelings, ask questions).
- Cue appropriate skills (e.g., ask for a turn with a toy, go to the quiet area to calm, use a feeling chart to describe how they are feeling, calming breaths). This is most effective if the skills have been taught and practiced.
- Caution. Do not increase demands, use multiple directions, or provide too many options.

## ESCALATION:

**The intensity of the behavior increases and may become unsafe. Interventions focus on safety. If initial cues during trigger and agitation phases are missed, this may be when the issue is first recognized. Continue with the de-escalation process, but work to understand and catch the cycle of behavior during the trigger and agitation phases.**

**Key reminders:** The escalation is likely to run its course, and the intensity of behavior and agitation will decrease. Trying to manage or control the behavior can cause further escalation. Identify when a power struggle is occurring and disengage from this dynamic.

Intervention may be required to keep the child and/or others safe during this phase. Engagement should be positive, calm, and kept to a minimum. Opt for the least intensive option to keep everyone safe (e.g., have the other children go to the playground instead of trying to move a child who is in distress).

- Verbal guidance. Keep verbal guidance short, calm, and respectful.
  - Verbally share ideas for alternative behaviors (e.g., asking for help, going to quiet area).
  - Direct the child to use a calm down strategy (e.g., breathing).
  - Use an empathetic remark (e.g., acknowledge child's feelings, state that you know this is hard for them).
- Physical prompt or intervention.
  - Move the child away from others or others away from the child.
  - If it is safe to do so, block the dangerous behavior in a non-intrusive manner. Avoid physical interventions (e.g., restraint) unless there is a clear and imminent safety issue and you have training.

## PEAK:

**The highest level of intensity before the behavior and/or agitation decreases. Intervention focuses on keeping the child and others safe.**

- Employ any Safety-Net Procedures that are in place. Take care to follow the protocol as outlined.
  - Know the procedures and policies of your program.
  - Request support as needed to ensure safety.

## PEAK CONTINUED:

- When possible, keep a familiar trusted adult with a child in distress.
- Consider removing a child from the situation or removing the other children from the situation.
- Use the same procedures used in the Escalation phase.
- Avoid power struggles.
  - Step back from the situation while still ensuring safety.
  - Take a deep breath.
  - Stay calm.
  - Focus your intent on resolving the current crisis.
  - Convey empathy and support.
  - Avoid demands, ultimatums, or mentions of consequences.

The Safety Plan is a priority when children engage in ongoing dangerous behaviors, but should be used in conjunction with a Behavior Support Plan that includes data collection and regular reviews. For more information on developing Behavior Support Plans (sometimes known as Intervention Plans), you can refer to the National Center on Pyramid Model Innovations (NCPMI) webpage on **Behavior Intervention**.

## DE-ESCALATION:

**The child is beginning to calm, and the intensity of behavior and emotions decreases. Intervention is focused on removing excess attention and preparing to reintegrate the child with the rest of the class.**

- Allow the child space and time to recover.
- Focus on starting over.
  - Offer the child choices for what to do next (e.g., read a book, do a puzzle, join the group when ready).
  - Avoid blaming.
  - Don't force an apology.
- Consider the function of the **problem behavior**.

## RECOVERY:

**The child has calmed and begins to show interest in returning to activities. The child may be more subdued than usual. The intervention focuses on re-engagement.**

- Provide descriptive feedback of all appropriate behavior. This **article** from NCPMI includes ideas for providing positive descriptive feedback.
- Support re-engagement. The child may prefer solitary or quiet play.
- Engage in debriefing conversations.
  - Discuss with the child after they have been calm for 20 minutes or more.
    - Listen to the child's perspective.
    - Acknowledge the child's feelings and discuss the sequence of events.
    - Develop strategies for handling the situation in the future.
    - Practice skills.
  - Consider debriefing with other children in the room. Use a supportive tone, acknowledging children's feelings. Focus on the support provided to the child in distress and the child's recovery from the state of distress.
  - Debrief with families, student support, and/or the behavior support team.