Cycle of Escalation | STAFF RESPONSE PLAN

Downstairs Brain
Survival focused | Feelings-driven | Fight/ Flight/Freeze | Illogical | Concrete

Upstairs Brain
Emotionally regulated | Controlled | Organized | Rational | Logical | Abstract | Empathetic

PEAK

The student is reacting from the feelings portion of the brain; loss of rationale thinking occurs; survival is the main focus; student may be a danger to themselves or others

WHAT DOES IT LOOK LIKE?
Loud vocal volume, red face, swearing, yelling, telling people to do their jobs, screaming for help, pounding/hitting fists/head, slamming doors repetitively, kicking walls, throwing items - can be selective about what he throws, slamming furniture to the ground, tearing paper, clearing tables, walking out of the building, invading personal space, yelling at others not to talk to him, can become physically aggressive to others

STAFF RESPONSE
Remove audience, decrease sensory stimuli, decrease verbal input, use a short familiar statement with a calm and quiet voice -"We care about you and need to keep you safe.", refer to response plan visuals, model calming strategies such as deep breathing, use non-threatening body language, increase personal space, staff ask for a break if needed, avoid threats of consequences and punishment

high

BEHAVIOR INTENSITY

low

ACCELERATION

Behaviors intensify; non-compliance and refusal are common

WHAT DOES IT LOOK LIKE?
Refusing work, difficulty sitting and listening to directions, clenching fists, leaving rooms with our without asking, pushing papers off table, scribbling on paper, kicking table, tapping pencil, a neutral facial expression; calls mom or asks to talk to mom

STAFF RESPONSE
Model (without acknowledging) calming strategies such as deep breathing Offer (visually) break or home base or allow [redacted] to go
Offer (visually) to take a cognitive break
Use "drive-by" check ins
Let [redacted] know you have concern for him through the use of empathetic statements and supportive body language Provide visual or procedure of pre-taught calming techniques
Use distraction with helping jobs
Provide limited choices

AGITATION

Low-level signals that behaviors may escalate; physical restlessness

WHAT DOES IT LOOK LIKE?
Putting head down, starring off, not completing work, looking down at table or desk, frowning/neutral face, does not respond to staff when they check in with him, set jaw, pursed lips, shallow breathing, walks away, eyebrows furrowed, looks as if he is in deep thought, calls mom/asks to talk to mom

STAFF RESPONSE
Connect with [redacted] offer support/redirection; Name It to Tame It strategy; Offer beef jerky and/or gatarode; In a non-threatening voice, remind [redacted] of expectatons and how his behavior affects others; Avoid power struggles; Provide fidgets; Allow time in break space; Use hand signals/gestrues; Increase wait time to support processing needs; Antiseptic bouncing; Use a soft, calm voice; Use non-threatening body language; Prompt or allow to home base

TRIGGER

CALM

Not showing or feeling nervousness, anger, or other strong emotions

DE-ESCALATION

Behaviors begin to decrease in intensity

WHAT DOES IT LOOK LIKE?
red face; doesn't want physical touch; body still; labored, quick breathing; sits down; thirsty; open hands; doesn't engage in communication; repeats verbal statements that he said while in peak but with longer sentences and greater pauses between repetitions

STAFF RESPONSE
Listen
Provide empathy and support
Begin to mirror body language then move into modeling calming techniques (do not draw attention to what you are doing) Model (without drawing attention to it) calming techniques such as slow rate of speech, deep breathing
Do not talk about or reference the incident
Redirect to preferred activity or special interest

RECOVERY

Behaviors are no longer present; student is recovering from the experience

WHAT DOES IT LOOK LIKE?
Calm body; smiling at times; willing to talk with others; playing with fidgets or tossing a ball; engages in conversations with others about his interests and/or objects; slower, deeper breathing; lets go over anger towards others (anger is released); uses hands to support his communication; face is back to normal coloring (no longer has a red face); body moves to meet his sensory needs
**this stage has lasted up 2-3 hours prior to being able to talk to him

STAFF RESPONSE
Collaborative problem solving meetings (can occur the next day)
Modified expectations
Increased flexibility
Ensure basic needs have been met (rest, food, drink, bathroom needs, etc.)

BASELINE

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Inspired by the work of Dr. Dan Siegel, Dr. Tina Payne Bryson, Leah Kuypers, Kari Dunn-Buron, Geoff Colvin, and Dr. Stephen Porges