




# Tip Sheets

## Recognizing and Coping with Signs of Distress in Young Children

There will be times when a child will engage in challenging behavior even after proactive strategies have been planned and implemented. Adults in this situation may struggle with trying to deescalate the situation without inadvertently reinforcing the challenging behavior. This tip sheet will describe signs of distress in young children and how best to approach deescalating a crisis situation.

### Stress Responses in Young Children

Children who have been exposed to traumatic events may develop coping mechanisms that have helped them to tolerate unsafe and stressful situations. These responses are adaptive given the child's history. It is generally recognized that children's responses to these traumatic events can be categorized into two response continua. A child's behavior in a stressful or threatening situation may be more closely aligned with either the *hyperarousal* or *disassociative* continuum. These continua are not mutually exclusive as children may follow different response patterns given their history and the nature of the perceived threat. However, the stress response continua outlined below at least provide a guideline for analyzing both the triggers and the patterns that may lead to the escalation of challenging behavior.

The stress response continua below are adapted from the CITVAS Trauma Project at the Baylor School of Medicine.

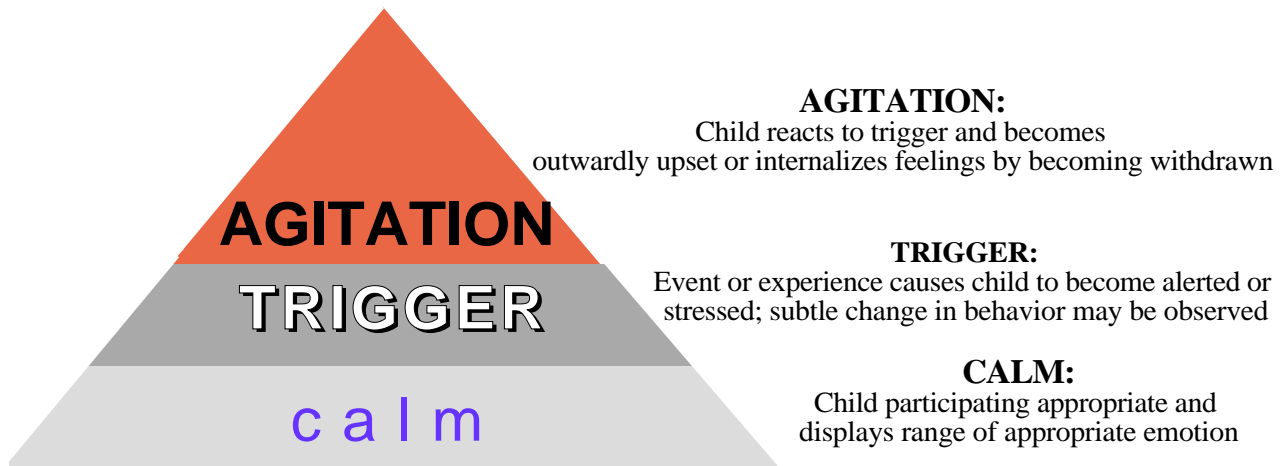
Emotional State	Calm	Arousal	Alarm	Fear	Terror
Hyperarousal Continuum	Rest	Vigilance	Resistance	Defiance	Aggression
Disassociative Continuum	Rest	Avoidance	Compliance	Disassociation	Fainting

Children may alternate their responses between these two continua but the changes in behavior as the child moves up or down the response continuum is predictable. Once a care provider can understand which continuum the child's behavior falls under, he can respond in a manner that can help the child deescalate her behavior. If a care provider misinterprets a child's behavior, then he may inadvertently escalate the child's behavior and cause her to move further up the continuum.

A different, yet similar model proposed by Walker, Colvin and Ramsey (1995) includes seven phases of escalating behavior in children.

- 1. Calm**-The child is participating appropriately and is able to display a range of appropriate emotion.
- 2. Trigger**- An event or experience happens that causes the child to become alerted or stressed. A subtle change in behavior may be observed.

3. **Agitation**-The child reacts to the trigger and becomes outwardly upset or begins to internalize his feelings by becoming withdrawn.
4. **Acceleration**-The child's challenging behavior increases and persists. They may involve others around them or damage property. If on the disassociative continuum they may become extremely withdrawn and timid.
5. **Peak**- The behavior reaches its climax and the child may seem out of control either by externalizing his anxiety by engaging in extremely aggressive or difficult behavior or by internalizing and completely "shutting down" emotionally or even fainting.
6. **De-escalation**- The child begins to calm down and is able to regain some control over their emotions and actions.
7. **Recovery**- The child returns to a calm state after their emotional episode.



### Coping with Young Children Who Are Highly Stressed

#### **Phase 1: Calm**

One strategy to use early in the calm phase is to provide plenty of praise for appropriate behavior. Children who exhibit a lot of anti-social behavior often get ignored when they are compliant or quiet. Care providers can become tired out by these children and ignore them when they are not demanding attention. It is important to note how often you are providing positive feedback to these children and to increase the attention you provide when they are behaving appropriately. When children are calm throughout the day, it is also important to acknowledge their emotions to help them name and identify their own feelings. Children cannot recognize feelings in others that have not been acknowledged in them. So throughout the day use naturally occurring events to help children identify their feelings.

#### **Phase 2: Trigger or Arousal**

Try to recognize early signs of agitation or withdrawal to intervene early in the cycle. If you notice the child's behavior changing, offer strategies for problem solving. Ask the child what is wrong to help him identify the source of the problem. Allow the child to express his feelings in a socially acceptable way and validate his feelings.

#### **Phase 3: Agitation or Alarm**

A child in this phase may become resistant if on the Hyperarousal Continuum, as described earlier. In this phase, supportive techniques can be used to help the child effectively manage his agitation and de-escalate. In this phase, the child may have a grimacing facial expression or be fidgety or exhibit other signs of agitation. Some supportive techniques to use during this phase include therapeutic language, such as asking, "Are you ok?" or directly saying, "You are looking upset. Can I help you?" Care providers can also provide the child with physical space, preferred activities or items, adults being close and available to provide attention, physical movement, or sensory activities such as water play, a sand table, shaving cream, etc. If possible, involve the child in the plan by offering a choice of acceptable options to help them learn self-regulation. Empathy toward the child's feelings at this stage is critical to helping the child regulate his feelings.

A child on the Disassociative Continuum may become overly compliant and suppress their actual feelings. It is easy to overlook the needs of these children. They will do what is asked, but they may seem withdrawn and exhibit a limited range of emotion. It is important to help these children get in touch with what they are feeling and to have supports in place for them. A teacher could use an inviting technique (see *Inviting/Containing Tip Sheet* at <http://education.umn.edu/ceed/publications/tipsheets/default.html#rbt>) to elicit the child's feelings and then use therapeutic language (see *tip sheet* at <http://education.umn.edu/ceed/publications/tipsheets/default.html#rbt>) to validate the child's feelings and help them to work through their emotions.

#### **Phase 4: Acceleration or Fear**

In this phase, the situation may begin to feel out of control. If the child is on the Hyperarousal Continuum, he will become defiant and will generally refuse to comply with any request. He may begin to tantrum or yell. In this phase, it is critical for care providers to remain calm to avoid escalating the behavior further by engaging in power struggles or shouting matches. The adult's behavior should be controlled and nonjudgmental. The following are some suggestions for approaching children in this phase. Establish an eye-level position with the child and speak privately, respectfully, and calmly with the child. Move slowly and deliberately toward the child and try to minimize body language that could be interpreted as threatening such as pointing a finger or crowding the child. Stay focused on the problem at hand. Acknowledge the cooperation of the child if the behavior begins to de-escalate and the child complies. If the behavior escalates, move away from the child and follow emergency procedures if the child begins to injure him/herself, property or others nearby.

In this phase, a child on the Disassociative Continuum will disassociate and may appear to be "shut down." Again, it is easy to overlook these children's needs because they may seem compliant and quiet but their needs are just as important as the child who acts out. These children need help to share and connect to their feelings. Build activities into the day that will help these children develop an empathy for themselves, a full range of affect, and a sense of self-worth.

#### **Phase 5: Peak or Terror**

In this phase, the child is in the height of his response cycle. He is often out of control and your main focus should be on the safety of the child and those around him. It is critical to stay calm and not become agitated yourself. Have a crisis intervention plan prepared ahead of time with the team in your classroom that has been pre-approved by both the administration and the child's parents. The short-term plan is to wait until the child begins to de-escalate. In this phase, there is no negotiating or interacting with the child and it is best to let him work through the episode by making sure he is in a safe place where he cannot harm others or himself. The long-term plan is to analyze why the child escalated and to plan interventions that will address the problem behaviors earlier in the stress response cycle.

#### **Phase 6 and 7: De-escalation and Recovery**

Once the child has peaked, he is usually exhausted from the emotional and physical strain. Allow him time to cool off in a safe and quiet environment. Let him engage in independent work until he is ready to rejoin the group. Once he is calm, let him resume the regular schedule and do not dwell on the episode. Positive reassurance that he can try again will help him reintegrate into activities. With this approach, you are not "giving in" to his challenging behavior but instead you are recognizing that the child is caught in a chain of behaviors that he may have very little control over. The greatest task is to intervene before the peak episode. Once the episode has occurred, the best course of action is to start over and analyze your own response to the child's chain of behaviors to see if you can intervene earlier to avoid the escalation of behavior in the future.

#### **Summary**

In both models, it is important to understand how the choices adults make when responding to children affect the escalation of their challenging behavior. It is important to use this information to identify what phase of escalation the child may be in when they are exhibiting challenging behavior and into what continuum their behavior may fall. The choices the adult makes in responding to the child's challenging behavior can lead either to the escalation of behavior along a particular continuum or the adult's response can help facilitate a de-escalation and recovery from the episode. It is critical, then, for care providers to stay calm and recognize the child's needs in these highly stressful situations.

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For additional information on this topic, please visit CEED's web site at <http://education.umn.edu/ceed>.