2 Benavioral Health 2 Benavioral Health 2 Benavioral Health Classion **Crisis Plan Development: From Prevention to De-Escalation**

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None of the planners or presenters for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

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Learning Objectives

- Review Prevention: Ways to maintain the "Calm"
- Considerations when planning a Crisis Plan
- Review the Crisis Cycle Phases:
 - What to Expect at each Phase
 - How it impacts both the student and care provider
 - Techniques useful during the Crisis Cycle
- Walking through a Crisis Situation Example Case



Before Trigger: Prevention

- Basics:
 - Sleep
 - Exercise
 - Nutrition
 - Consistent routines
 - Clear & consistent expectations
- Front-load
- Help child be their best self



Considerations when planning a Crisis Plan

- Manage the physical environment
- Train <u>ALL</u> staff
- When to tap out
- Real time vs what is given
- Behavior is learned
- Know your limitations

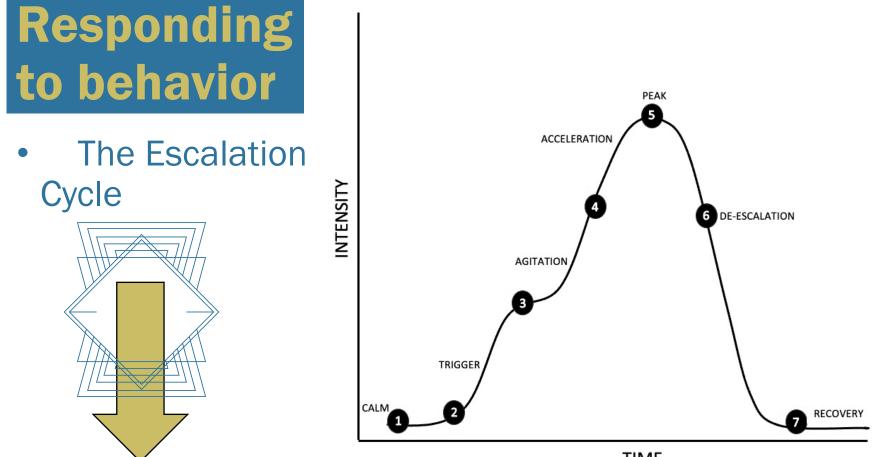


Crisis Creates Major Changes:

Blood pressure increases. Heart rate increases. **Respiration** increases. Adrenaline level increases. **Endorphin level** increases.

Reasoning skills decrease. Hearing skills decrease. Compromising skills decrease. Comunication skills decrease.



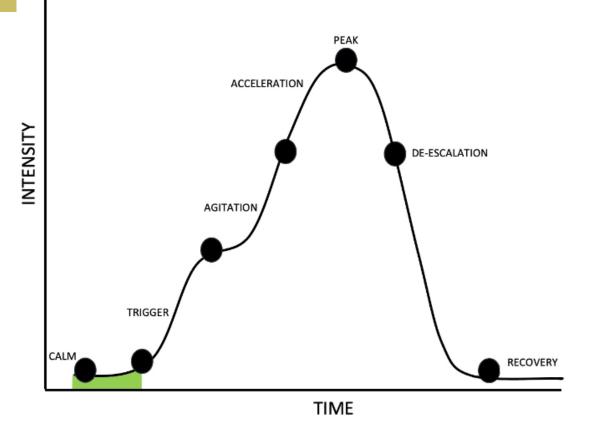


TIME

Calm (Baseline)

- Effective use of the physical space.
- Establish brief and clear situation expectations.
- Implement consistent routines.
- Utilize behavior management practices.

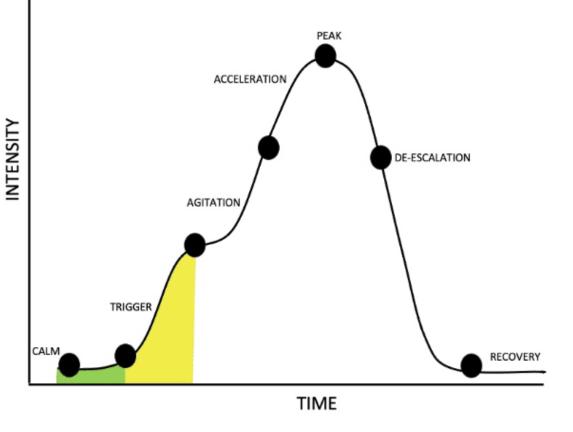




Trigger (Stimulus)

- Non-confrontational stance.
- Low, calm demeanor and voice.
- Let child be seen and felt.
- Redirect student's thoughts (distraction).
- Remind student of what you have taught them previously.

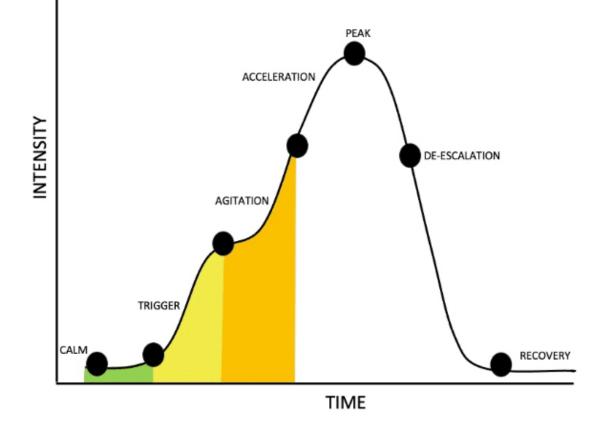




Agitation

 Minimize the situation by doing something different; distract the student



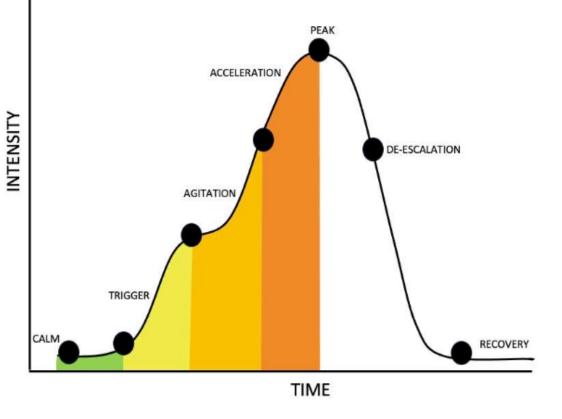


Acceleration

- Remove triggers that perpetuate escalation.
- Establish the bottom line (safety for student and others).
- Detach/disengage from student but remain neutrally supportive and available for

safety.

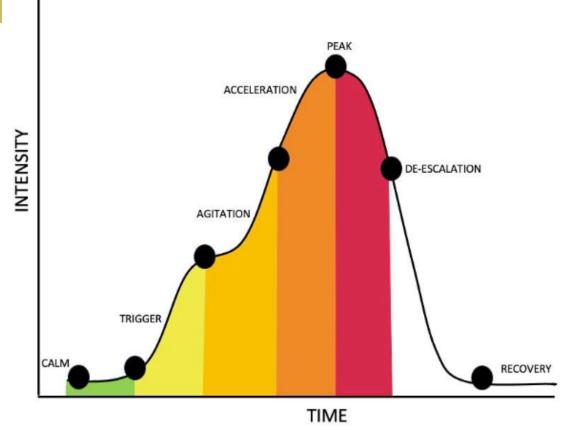




Peak (Crisis)

- Minimize peak and continue steps from acceleration.
- Focus on student and staff safety.
- Clear the area if not already done.

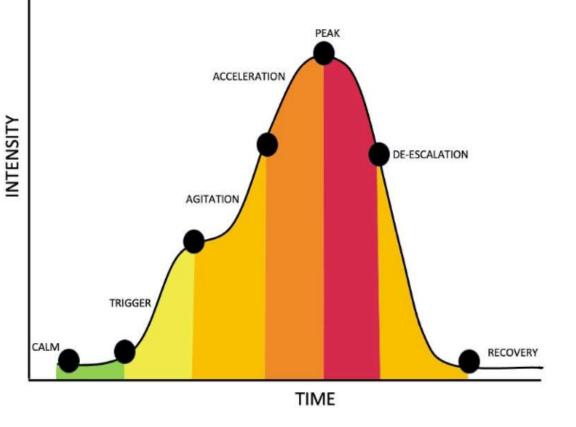




De-Escalation

- Minimal attention for peak crisis.
- Focus on removing excess confrontation.
- Not a time for debrief or consequences.
- Not a time to force a return to task/activity that trigger the escalation.
- Test calmness with requests for small motor movements.

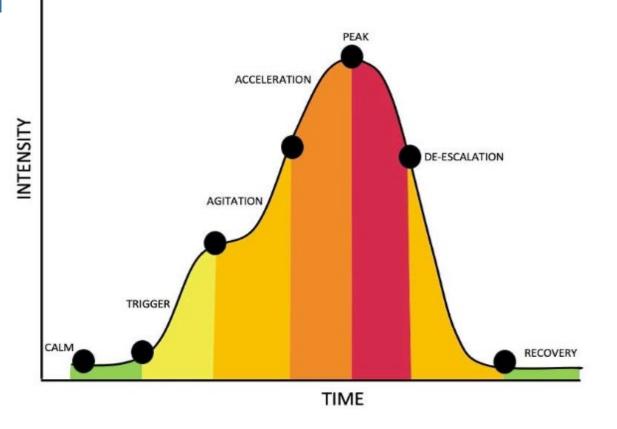
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Recovery (Stabalize)

- Provide focus on routine activities.
- Reinforce small displays of appropriate behavior.
- ✤ Active Listening
- Debrief later.





Back to Normal: Circle Back

- An hour or week later, circle back to address incident
- Reconnect/repair the relationship. Apologize for your part
- Teach. Talk about healthy coping YOU use during crisis. Model and narrate healthy coping
- Repair. Collaborate to identify something to do to make things right in some way.
- Use your judgment.



Example Case Scenario

- Calm (Baseline)
- Trigger (Stimulus)
- Agitation
- Acceleration
- Peak (Crisis) De-Escalation
- Recovery (Stabilize)





- Beware of the impact of the care provider during a major behavior situation
- Consider the stage of the escalation cycle with regard to how to best support the student and how to manage your own regulation
- Investment in prevention and coping ahead will reduce escalations and increase safety



References

- Collaborate Proactive Solutions (CPS) <u>https://drrossgreene.com/</u> (includes The Explosive Child; Raising Human Beings; Lost at School)
- Crisis Cycle: Special Education Support & Technical Assistance, Crisis Plan Module Idaho <u>Training Clearinghouse > Resources > View Resource (idahotc.com)</u>
- Crisis Creates Major Changes, [Ref: David Mandt & Assoc., Mandt Training Manual, (Revised May 31, 1998).]

