

TBM Part 3: Calming Emotional Issues

by Steve Parese, Ed.D. (2015)

SUMMARY: The first article in this series on Therapeutic Behavior Management provided an overview of the TBM Model. The second discussed causes of deliberate misbehavior, and offered strategies to both prevent and confront it.

This final article will begin by exploring some of the underlying causes of emotional crisis in schools and programs, including situational stress and childhood trauma. It will then describe four predictable stages of emotional escalation, offering specific goals and strategies to respond effectively to each phase.

For more information about training in this topic, visit www.TACT2.com or contact the author at SBParese@aol.com.



Opening

At-risk children and youth often act out in a variety of ways. The TBM Model, introduced in the first article, offers a clear framework to guide decisions in crisis situations. If a behavior creates immediate danger, staff must act quickly to ensure safety for all. If there is not an imminent threat of harm, we must determine the source of the problem. Deliberate behaviors (intentional, rational, and needs-fulfilling) usually respond well to behavior management strategies, discussed in the second TBM article.

However, some problems are emotionally-driven, especially with children and youth who live in highly stressful environments, struggle with serious personal issues, or have experienced previous trauma. An emotional behavior is an impulsive response to high stress or distorted perceptions, so these students often respond very poorly to strictly enforced rules and consequences. Instead, such situations call for relationship-based de-escalation and active listening, and often professional counseling for more serious issues.

Impact of Childhood Stress and Trauma

Nicholas Long (1998), a psychologist specializing in emotionally troubled children, suggests that many at-risk students have low self-

esteem and engage in negative behavior to establish self-fulfilling prophecies of rejection. They expect adults to reject them and peers to dislike them, so they end up behaving in ways that fill these expectations of failure. His work supports the idea that some behaviors may not be deliberate and functional, but emotional and dysfunctional instead.

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It is often difficult for school staff to understand why at-risk students overreact to minor problems, such as simple behavioral corrections or requests for classwork. Long suggests that high background stress and distorted perceptions can make a minor incident seem like a major problem to a troubled youth. An avalanche of powerful and irrational feelings in a youth are triggered, leading to impulsive, self-defeating behavior such as shouting, fighting, defiance, withdrawal, even self-abuse. When peers respond with ridicule or staff react with angry demands, these behaviors can escalate into full-blown crises.

It is easy to underestimate the myriad of factors creating background stress in at-risk students' lives. Three such factors may include:

1. Home poverty. The U.S. Census Bureau reported that nearly 15.7 million American children (22%) lived in poverty in 2010, including 38% of all African-American youth and 32% of all Hispanic youth. Severely limited income is often associated with crowded or unsafe living conditions, lack of educational resources, decreased adult supervision, and diminished parental involvement in school affairs (Payne, 2013). While functioning working class families often struggle financially, they generally maintain strong connections with extended families, providing their children with a source of resiliency (Lareau, 2011). In poverty-stricken families however, financial challenges are often accompanied by social isolation and a host of chronic problems, such as those described below.

2. Childhood trauma. Children and youth living in such circumstances are at greater risk of experiencing truly traumatizing conditions, such as direct abuse and chronic neglect; exposure to illegal drug use, criminal behavior, or adult sexual activity; and witnessing or being a victim of domestic violence. Without the protective factors more common in strong working class and middle class families, any of these conditions can lead to childhood trauma, leaving physical and emotional scars whose impact may last a lifetime.

Gordon Hodas (2006; see also Parese, 2009), states that victims of childhood trauma often experience overwhelming feelings of hopelessness, powerlessness, and shame. Some abused children may internalize their hopeless, powerless, and shameful feelings as depression and regression. Others may externalize these same feelings as anger and aggression.

Some children internalize their feelings as depression and regression. Others externalize them as anger and aggression.

The chart below (from Hodas, 2006) summarizes and separates these symptoms by age group.

Age Group	Internalizing symptoms	Externalizing symptoms
Elementary (age 5-11)	Withdrawal, anxiety, guilt, regression (crying, thumb-sucking, bed-wetting)	Irritability, outbursts of rage, inability to calm down, defiant refusal to follow rules.
Adolescent (age 12-17)	Numbness, depression, anxiety, sleep problems, self-harm, suicidal behaviors.	Unprovoked aggression, challenging adults, substance abuse, criminality.
Victims of sexual abuse	Complete avoidance of physical contact, especially abuser's gender.	Over-sexualized (even seductive) behavior toward peers and adults, especially abuser's gender.

3. Home to school adjustment. Gerald Patterson (Patterson and Yoerger, 2002; Patterson, DeBaryshe, & Ramsey, 1989) notes that aggressive schoolchildren often come from authoritarian homes where rules are inconsistent and enforcement is harsh. In such homes, the focus is often on compliance rather than self-control. Children with passive-aggressive emotional and behavioral issues may come from overprotective, over-controlling homes where the rules are exceptionally rigid and enforced with shame and ridicule; or from negligent homes, where the rules are vague and the punishments unpredictable.

Many students from challenging homes are poorly prepared for the structure and social expectations of the classroom. If their interpersonal skills deficits are accompanied by academic or learning issues, they may experience a great deal of difficulty when asked to abide by rules or complete simple classroom tasks.

Some may externalize this stress, acting out angrily and impulsively, defying expectations which are not enforced with the threat of violence. Others may internalize the stress, withdrawing and becoming extremely needy, refusing to take risks or interact with others. As a result of their inappropriate behavior, they often experience social rejection from both peers and teachers and may have a very poor, highly stressful adjustment to school.

Predictable Phases of Escalating Crisis

Overwhelming stress can act like a magnifying glass, causing students to misperceive and overreact to problem situations. An understanding of the predictable phases of an escalating emotional crisis can help us prevent and de-escalate these situations before they lead to dangerous acting out.

Phase 1: Warning. In the Warning Phase, the crisis is just beginning. The student’s stress is visible but manageable, and rational discussion is possible under the right circumstances. Behaviorally, externalizers are often getting irritable, muttering curses, and giving warnings to others to leave them alone. Internalizers are often becoming anxious, quiet, needy or whiny.

During the Warning phase of an emotional problem, our goal should be crisis prevention. It may be helpful to use a humorous comment to defuse tension or distract the youth from the issue in some way, but be careful not to minimize the problem. It is often effective to notice unusual behavior, acknowledge strong emotions, and offer to talk privately.

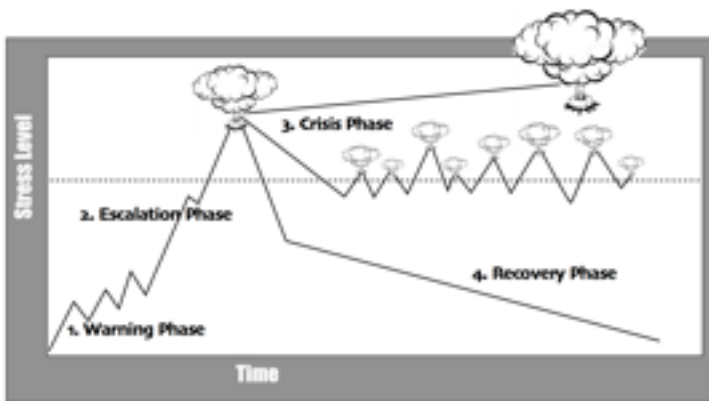
Imagine Tanya, a socially awkward 15-year-old student with an unfortunate stutter. During lunch, Stephanie and her friends took great joy in teasing and taunting her. Overwhelmed with embarrassment, Tanya dropped her tray on the cafeteria floor and rushed off with tears in her eyes.

“Tanya, I can see how upset you are about what just happened with Stephanie. I’m going to go have a little talk with her. Why don’t you wait by my office, and I’ll be right there?”



Phase 2: Escalation. In the Escalation Phase, the crisis is rapidly growing, but is not yet dangerous. Stress is rising quickly, rapidly becoming unmanageable. Youths’ perceptions become more distorted as they look for blame or misperceive comments, making rational discussion with them less likely. Their coping skills are pushed to the limit, especially when nearby peers tease or adults make angry demands. Behaviorally, externalizers are entering fight mode: getting loud, making direct threats, perhaps shoving objects. Internalizers are entering flight/freeze mode: trying to withdraw, hide, or leave.

During the Escalation phase, our goal should be crisis de-escalation. It may be necessary to offer the student time and space to calm down, and follow up with active listening. If other students are deliberately aggravating the youth in crisis, it may be helpful to remove these instigators instead. It is important to avoid touching the



Escalation Model of Crisis (Parese, 1998)

student (even in kindness) or making angry demands during this phase, as these behaviors are likely to escalate him/her further.

Imagine that after confronting Stephanie's behavior, you return to speak with Tanya, who is now even more escalated. She's just gotten a threatening text from Stephanie, and anxiously accuses you of making things worse instead of better.

"I don't blame you for being worked up, Tanya. It hasn't been easy adjusting to this school, and it probably seems like I've made it harder on you. Why don't we go in my office, and see if we can't work this out."

During Escalation Phase, it is important to avoid touching the student (even in kindness) or making angry demands, as these behaviors are likely to escalate him/her further.

Phase 3: Crisis. In the Crisis Phase, the problem has gotten verbally and perhaps even physically out of control. Stress is completely unmanageable, and the youth's coping skills are completely overwhelmed. Behaviorally, externalizers often become verbally antagonistic, destructive to property and dangerous to others. Internalizers may completely shut down or melt down, attempt escape, or even become dangerous to themselves.



During the Crisis phase, our goal must be protection: protection of the student in crisis, of the possible victims, and of ourselves. We should first attempt a calm verbal redirection to stop the dangerous behavior. Other options include removing the target and/or audience, containing the aggressor, or using physical intervention, though if absolutely necessary and only if we are fully prepared to restrain safely.

Phase 4: Recovery. In the Recovery Phase, the crisis has peaked, and the situation is finally calming down. The stress level is gradually reducing, slowly becoming more manageable. Breathing, blood pressure, and muscular tension diminishes, often leaving the youth trembling, tearful, and/or exhausted. Externalizers may initially be sullen and angry, blaming others before addressing the problem. Internalizers are more likely to feel depressed and shameful, blaming themselves instead.

During the Recovery phase, our goal must be problem resolution. Helpful strategies include actively listening, crisis counseling, problem solving, and peer mediation. Of course, reporting unusual incidents to other staff is essential, especially in cases where trauma issues have been triggered, injuries have been sustained, or serious property damage has occurred.

Summary

Emotionally-driven behavior problems are usually linked to some underlying stressful issue in a student's life, including home problems, academic anxieties, social rejection, or past trauma/abuse issues. When students lack the coping skills to manage stress or the communication skills to express concerns, they may easily overreact to a minor provocation and turn a small problem into a major crisis. Some youth tend to externalize their angry emotions by acting out with aggression and hostility. Others tend to internalize their overwhelming emotions and act out with neediness, withdrawal, and self-harm.

Skilled and sensitive staff realize that consequence-based behavior management is likely to be counter-productive, and use relationship-based approaches instead. They recognize the warnings signs of stress and acknowledge students' feelings, invite them to talk, or allow them time and space to calm down before addressing the surface behavior.

When emotionally overwrought students know that staff truly care and will try to be understanding of their genuine problems, they are less likely to escalate and more likely to seek help.

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