This SOP defines the utilization of de-escalation techniques with youth at SYSC.

**Procedure**

The following information is to support the implementation of the above referenced policy. This document shall not preclude staff from using their professional judgement based on individual circumstances, consistent with the requirements of the policy.

I. When a youth shows signs of distress, agitated behavior, or other behaviors previously exhibited prior to acting out, staff will engage the youth in an attempt to de-escalate and address the concerns by:

A. Maintaining alertness to the emotional and behavioral status of the youth in their care and attempt to de-escalate situations unless current risk necessitates a different response;

B. Being mindful of times when it is more appropriate to disengage and wait for assistance before attempting an intervention;

C. Asking the youth defusing questions designed to help them process how their emotions may be affecting their behavior and give staff an opportunity to recognize and assess a situation. The goal shall be to help the youth think about and process the situation;

D. Encouraging youth to maintain responsibility for their behavior by utilizing the youth’s Personal Safety Plan (Form 2131), when available, and encouraging the youth to work on skills identified through the treatment planning process (techniques they have previously identified as most effective for them);

E. Setting reasonable and enforceable limits when appropriate;

F. Reinforcing positive behaviors and appropriate coping skills when youth demonstrate desired behavior;

G. Redirecting the youth and reminding them of the opportunity to avoid a loss of level, trust or furlough status, or other major consequence by practicing their coping skills; and
H. Prompting youth who do not respond or continue to escalate to remove themselves from the area (cooling-off period), either to their room or another designated safe area.

II. Incidents where youth are able to de-escalate are documented for review by the youth’s Clinical Coordinator to further inform the youth’s Personal Safety Plan (Form 2131) and SYSC Treatment Plan (Form 2130).
   A. The youth’s treatment team will consider positive rewards, privileges, and incentives for youth who demonstrate the ability to de-escalate and use positive coping skills.

III. If a youth remains oppositional, but is not presenting a safety concern, staff should employ a team approach for de-escalation, by:
   A. Offering processing opportunities based on the youth’s personal safety and treatment plans;
   B. Affording youth the opportunity to meet with Clinical or Medical staff;
   C. Using a professional and appropriate tone to issue clear and concise directions that the youth can understand; and
   D. Calling for the Response Team if the situation escalates or is disruptive to the milieu.

IV. Staff determining that a youth needs to be directed to take a cooling-off should approach the youth and discuss the youth’s presenting behavior.
   A. When youth state they are ready to return to programming after a cooling-off period, staff should discuss the incident with the youth, including reinforcement of skills used to de-escalate or alternatives.
   B. If a rules violation occurred before or during cooling-off, the discussion will include consequences according to policy 2100.

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Frequently Asked Questions

Q1. Some youth will chose to go to their room to read a book or take a nap. Is this considered a cooling-off?
   A. Staff must consider, is the youth going to their room to use a coping skill or is it how the youth has chosen to spend their time? If a youth is seeking a quiet space then it is not a cooling-off.
If the youth is using a coping skill and there has been no behavior to rise to the level of a rules violation, then an incident report is not completed but the youth should be identified as taking a cooling-off so that they can receive positive recognition for identifying and implementing their coping skill.

For safety purposes, staff should always initiate a Watch/Safety Check Report (Form 2079) if a youth is in their room alone for more than 15 minutes during waking hours (8:00 am to 8:00 pm).

Q2. What are some examples of processing opportunities?
   - Figuring Out the Problem worksheet (Form 2166); and
   - 1:1 counseling.

Glossary and Document Specific Definitions

Document Change Log

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