Phases of Acting-Out Behavior

This document summarizes each phase of behavior escalation for acting-out behavior. It is based upon the 7 Phases of Acting Out Behavior (Colvin; Sprick & Garrison).

Seven Phases of Acting-Out Behavior

Phase 1: Calm

During this phase, the child's behavior is cooperative, and the child is able to exhibit behaviors essential to success in the classroom. This is the phase where learning happens! The adult goal is to keep children here, actively engaged.

Phase 2: Trigger

Triggers are when events or circumstances prompt emotional reactions. The adult goal during this phase is to get the child back to calm by identifying the trigger and intervening to prevent escalation into challenging behavior. Strategies may include:

- Reteaching expectations
- Making a change to the environment
- Cueing or pre-correcting
- Providing positive descriptive feedback to the child to reinforce the behavior that you want him or her to return to
- Offering a choice within the expectation

Phase 3: Agitation

Behaviors at this level are unlikely to go unnoticed and suggest increased emotional dysregulation and a higher likelihood of a full-blown escalation.

Agitation may look like:

- Behavioral increases (e.g., darting eyes, busy hands, moving in and out of groups, off-task and on-task cycle, fidgeting, making noises, increasing voice volume).
- Behavioral decreases (e.g., staring into space, veiled eyes, non-conversational language, contained hands, withdrawal, no response to direction).

The adult goal during this phase is to use anxiety or defusing strategies to help the child return to the calm phase. Compliance demands should be dropped at this time.

- Engage in passive or movement activity (benign)
- Help child focus (e.g., helpful prompts, support with materials, but not pushing for completion)

- Empathy (e.g., let the child know you understand their agitation and express concern)
- Prompt a break or quiet time away to regroup

Phase 4: Acceleration

Acceleration includes intensified behaviors, although some children do not present with behaviors that can be differentiated between phases 4 and 5. Acceleration does not include behaviors that indicate imminent danger to self or others (phase 5).

Adult goals during acceleration are to prevent a full-blown crisis by remaining non-emotional, non-punitive, and non-verbal. Adults will typically be emotionally charged themselves during this phase and will have to fight their natural inclination to engage in a power struggle. Instead:

- Provide a safe environment for the student to de-escalate
- Prevent behaviors that are a danger to self and others
- Remove child to a safe place (non-punitive time away) or remove other children to ensure safety for all

Phase 5: Peak

During phase 5, behavior is out of control and is so dangerous or disruptive that classroom activities cannot continue or can continue only with great difficulty. Peak behaviors are the most serious, including behaviors that pose an imminent danger to self and others, so this phase is often considered a “crisis.”

The adult goal during this phase is exclusively to provide a safe environment until the child de-escalates. Ensure all staff knows the policies and procedures of your program.

Phase 6: De-escalation

Within the de-escalation phase, children may be quiet/withdrawn, crying, sleeping, confused, blame others, and begin to become responsive to instructions. Because de-escalation is a PROCESS of incrementally reducing the intensity of the behavior, behaviors may vacillate between calm (phase 1) and acceleration (phase 4). The adult goal is to allow this phase to happen without jumping in and re-escalating the student.

Adult behaviors can easily escalate a child during the de-escalation phase (e.g., raised voice, tense body language, forcing child to talk, look you in the eye, making demands, talking too much). Provide space for the child away from other children and adults and remove excess attention as much as possible.

Phase 7: Recovery

In this phase, the child slowly returns to his or her original state, is less agitated, and may be reluctant to discuss or interact. Adults should focus on providing descriptive feedback for all appropriate behavior and supporting the child to re-engage with classroom routines.

Michigan’s MTSS Technical Assistance Center is funded by the Michigan Department of Education and the U.S. Department of Education, Office of Special Education Programs.