

De-escalation Techniques

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What are red flags for individuals about to escalate?

- ▶ What are red flags before a person escalates?
- ▶ What is one of the best predictors that someone will escalate?
- ▶ POLL!
- ▶
- ▶



Elements of successful deescalation

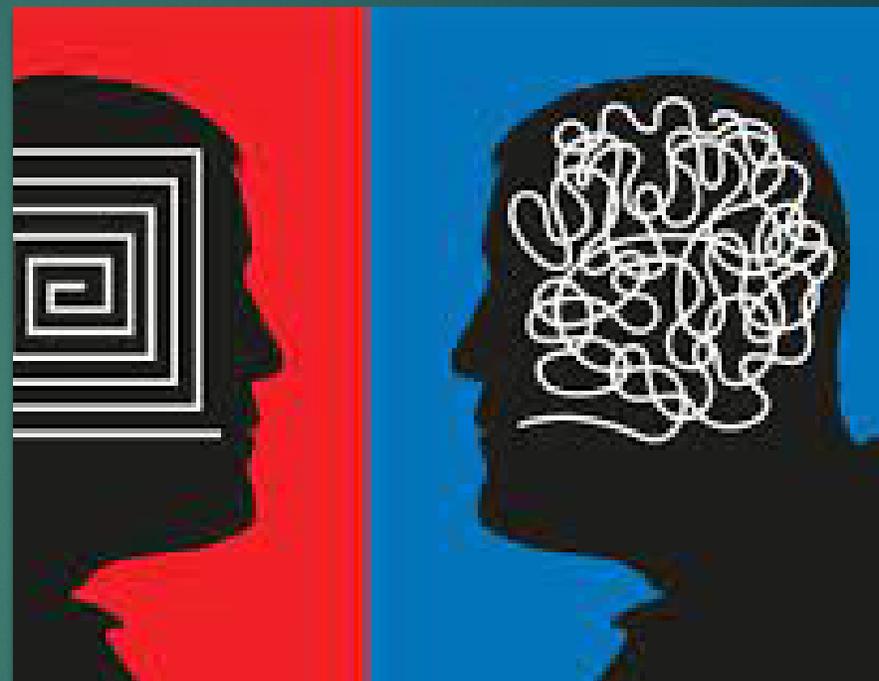
- ▶ Respect personal space
- ▶ Avoid provocation
- ▶ Be Empathic and non-judgemental
- ▶ Establish verbal contact
- ▶ Be concise in your language
- ▶ Identify wants and feelings
- ▶ Listen closely to patient's words
- ▶ Find what you can agree on
- ▶ Give options, set limits
- ▶ Try to focus on future action, instead of past wrongs (we cannot change the past!)

- ▶ Pay attention to what your body language conveys and possible exit routes!



Escalation=loss of rationality

- ▶ How do we retain our rationality?
- ▶ How do you interact with someone who is losing rationality?

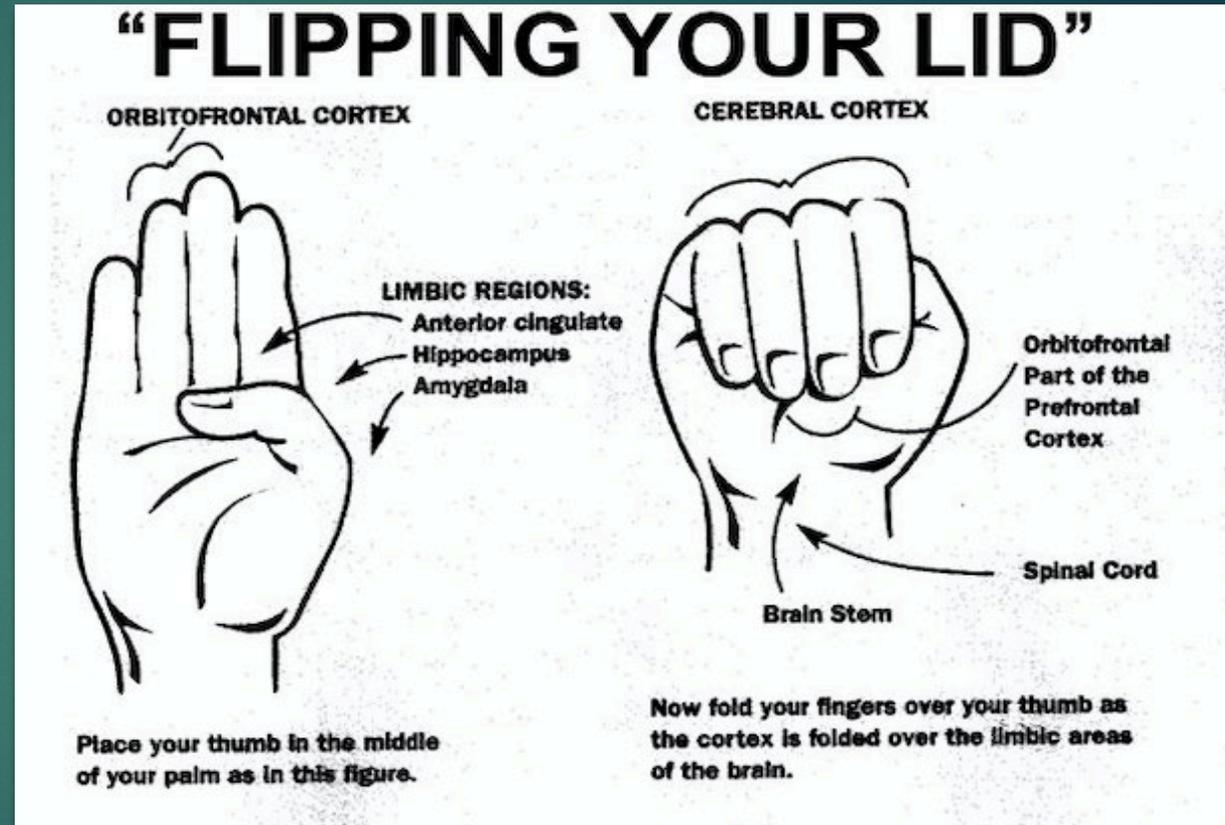


Ask questions to stimulate Rational thought

- ▶ Ask Questions to get patients back to their rational mind.
- ▶ Patient curses someone out.
- ▶ Staff “Hey, what’s going on?” the questions should be simple.
- ▶ Other possible simple questions:
 - ▶ “How are you?”
 - ▶ “What happened?”
 - ▶ “How can I help?”
 - ▶ “What can we do?”
 - ▶ “What would you like to happen?”
 - ▶ “What do you need right now?”

Hand Model of the brain

- ▶ Inner, primal brain—emotional center, with survival drives
- ▶ Outer, frontal cortex—logic, planning, rationality, words
- ▶ When people have “flipped their lid” they do not have access to the frontal cortex resources!
- ▶ If they are in fear/survival state, we should be in soothing states
- ▶ Helping people feel safe helps them regain rationality



Examples of
common
escalation
scenarios at
your
workplace?

- ▶ What are the situations in which patients escalate in your work?

Anger is not the primary emotion

- ▶ Anger or angry responses often cover up the patient's real fear or feeling unsafe or uncared for.
- ▶ How can we respond to these underlying emotions instead?



What is the need behind the behavior?

Consider everyone who comes to you has a need.

Is it a need for --safety-
-connection—control?

Successful de- escalation example

- ▶ <https://www.youtube.com/watch?v=Q4T-x1za6lg>
- ▶ 1:45
- ▶ What was successful here?
- ▶ What are some Examples he used of questions to stimulate rational thought?

Respect personal space and use non-threatening non-verbals

- ▶ Personal space/proximity can communicate a threat nonverbally to a person who is upset. Stay twice as far away as you think you should
- ▶ Supportive stance
- ▶ Hands down



Supportive stance

- ▶ Why?
 - ▶ Communicate respect
 - ▶ Nonthreatening
 - ▶ Maintain safety



Example of supportive stance and body language

- ▶ [Understanding Agitation: De-escalation – YouTube](#)
- ▶ Begins 3:45-5:01



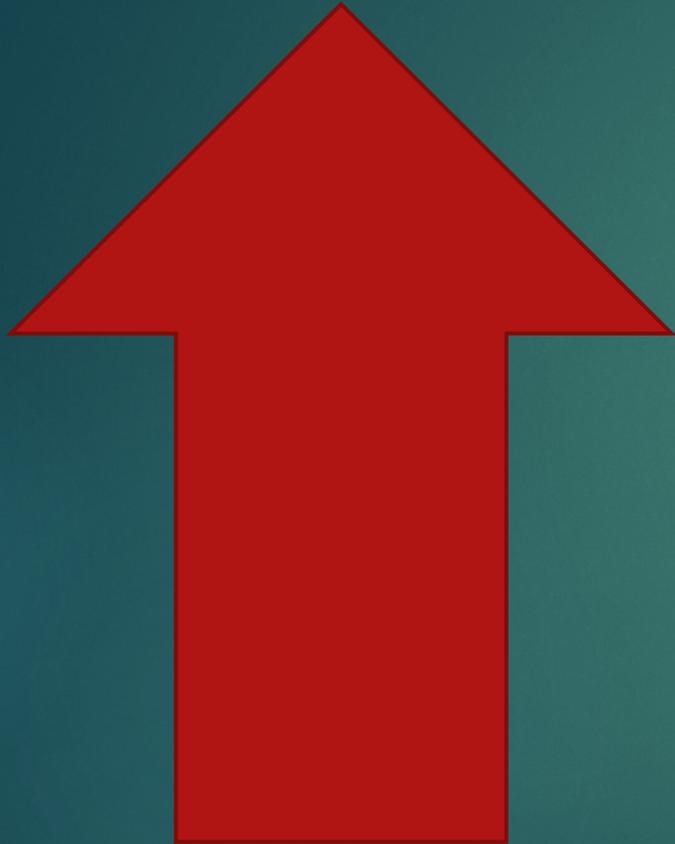
What control do we have in a crisis?

- ▶ How does our response impact a crisis?
- ▶ How can we manage our own responses?
- ▶ How do you typically respond? Fight, flight, freeze?

What is helpful about fear?

▶ POLL TIME!

Maximize productive responses



Learn to keep yourself safe.

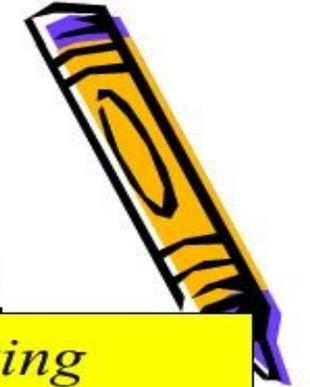
Learn how to keep the person in crisis safe.

Use a team approach.

Understand what makes you afraid and drives your decisions.

Crisis Development Model

An Integrated Experience



Crisis Development:

1. Anxiety – A noticeable increase or change in behavior.

2. Defensive – The Beginning stage of loss of rationality.

3. Acting Out Person – A total loss of emotional and physical control

4. Tension Reduction – Subsiding of energy.



Staff Attitudes:

1. Supportive – Letting them know that you are there and that you care.

2. Directive – A firm approach to setting limits.
-Simple -Reasonable -Enforceable

3. Nonviolent Physical Crisis Intervention – Safe nonharmful means of controlling someone, until they can regain control.

4. Therapeutic Rapport – processing, setting up prevention and teaching.

Tailor your approach

To where the person is in the crisis development model.

Overreaction can result in escalating the individual—

Example: a patient is just Beginning to escalate by being challenging “Why DO I have to leave the wait room??!!!”

Front desk staff raises voice “You need to leave NOW Because I SAID SO!”

Pt then escalates to “What is your problem B**CH!?!”

Avoid over-reacting

- ▶ If we escalate our voice or become emotional, the upset person will escalate further
- ▶ Keep voice calm, low tone
- ▶ Match your response to their level of crisis



Technique: Focus on feelings

What is the person trying to communicate about feelings?

Reflect feelings "You seem upset." "you seem frustrated right now" "I can imagine why you would be upset"

When people feel "heard" they are more likely to de-escalate

Technique: Consider the power of “ok, alright”

Another way
not to get into a
power struggle
or battle

Patient: “Youre
being an
asshole!”

Staff: “OK,
alright”.

Patient: “You
people never
do anything
right!”

Staff: “OK,
alright.”

This gives the
person nothing
to continue
fighting about.

Technique: Use “we, us” not “you”

- ▶ Everyone’s trigger is the word “you”; people get defensive
- ▶ People begin feeling attacked when you use the word “you”
- ▶ Instead, try your best to use “we” or “us”
- ▶ Instead of “you need to stop that!”
- ▶ Try “we can walk outside together”

Direct Reflect



- ▶ If a patient is particularly irrational in this moment, a direct reflection can be incredibly helpful.
- ▶ Patient: “You people at TRUST aren’t doing ANYTHING to help me!!!”
- ▶ Staff: “We’re not doing anything to help you.”
- ▶ Patient: “EXACTLY! You get it!”
- ▶ You're not saying the statement is true; you're simply reflecting the statement you heard. arguing facts with an irrational person may not help.

Scenario:

focus on feelings/direct reflect

- ▶ How would you respond?
- ▶ A patient is under stress as they slept on the street last night and haven't gotten much sleep. They tell you they are hungry. They ask you for money. When you refuse they become irate and upset. "You never do anything for me!"
- ▶ How could you respond with a focus on feelings or direct reflect technique?
- ▶ POLL!

Ignore challenging questions

- ▶ Challenging questions can look like:
- ▶ “well why should I leave here?”
- ▶ “why can’t I use the computer?”
- ▶ “Who made these rules?”

- ▶ In response, ignore the challenge and reply calmly about the rule, policy, or procedure.
- ▶ “Everyone here gets one hour on the computer.”



While being challenged

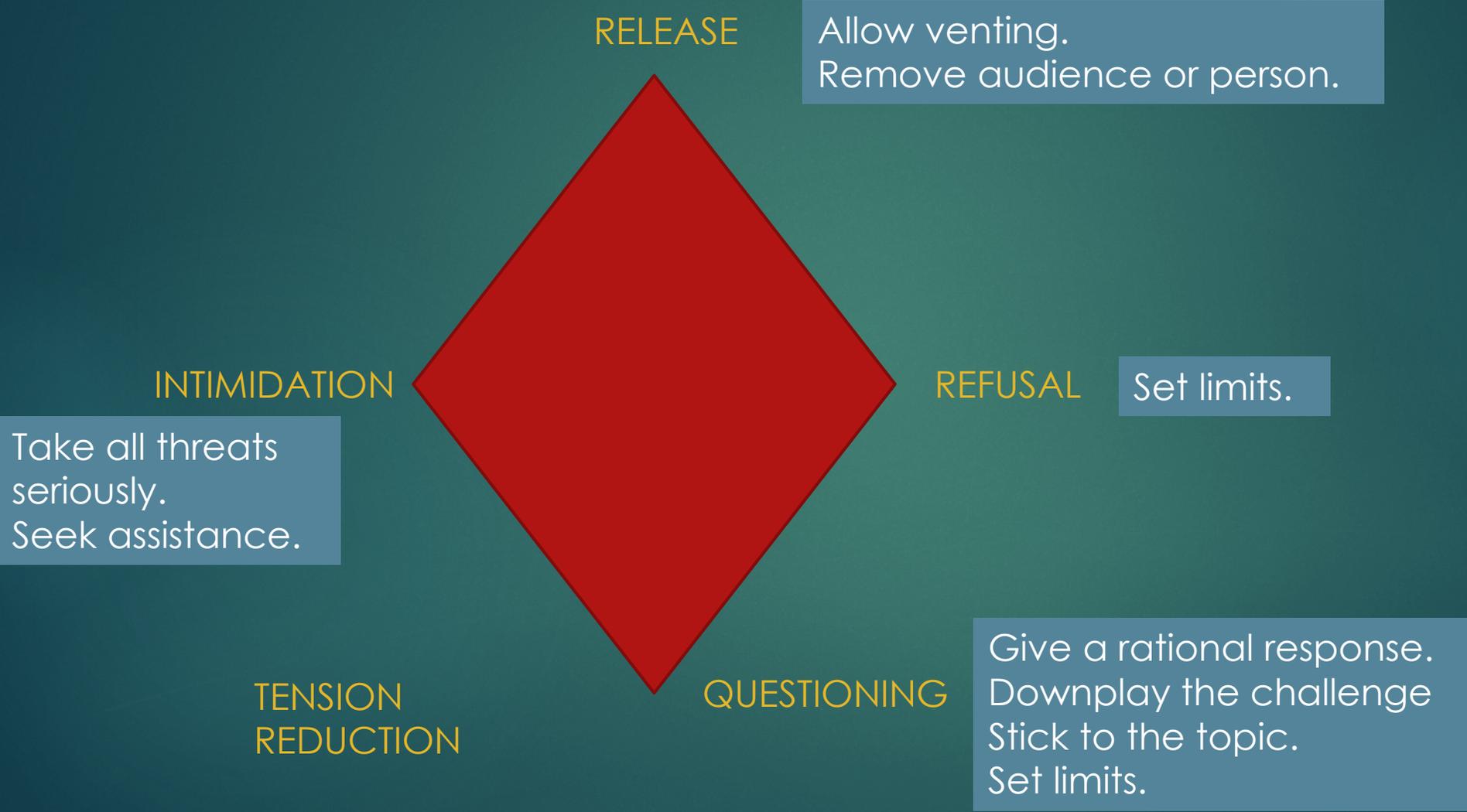
- ▶ If you find yourself arguing—stop! You’ve taken the bait!
- ▶ If you find yourself debating or over explaining—stop
- ▶ Use Broken Record Technique: repeat the question, or the limit, over and over again calmly.
- ▶ Answer questions with questions.
- ▶ “Why do I need to put on a mask?”
- ▶ “why do you think I’m asking you to put on a mask?”

Before limit setting, give options

- ▶ Give three options so it isn't an either/or choice
- ▶ Give three options you WANT the patient to do
- ▶ “you can sit over there, or you can sit over there, or you can wait outside. Which would you like?”

- ▶ Also consider asking questions: Instead of “we cannot see you today.” try “How would you like me to inform you about your appointment time tomorrow? I can do a phone call, a text, or you can wait here while I go get it.”

Verbal escalation continuum



Choose wisely what you Insist upon

- ▶ Pick your battles!
- ▶ What is something we can let go and what is non-negotiable?
- ▶ Avoid power struggles when you can



Allow silence for reflection and time for decisions

- ▶ Escalated or upset individuals aren't thinking quickly
- ▶ Allow them to consider your info, request, or limit for a moment
- ▶ If people feel forced to make a decision quickly, they are more likely to make a poor decision (think infomercials!)



Limited Time Offer!!

Regular Price \$47 **Today ONLY \$27.97**

BUY IT NOW 

You'll receive your order instantly even if it's 3 am!

ACT NOW...! Or You Will Lose Your Opportunity

Poll: How do we set limits?

- ▶ What makes limit setting successful in a de-escalation scenario?

Setting clear limits/boundaries

Why set limits?

set clear boundaries to know what is expected

How do you set limits?

- clear and firm,

not too many words,

state in positive as much as possible

Setting limits

Keys

1. Simple and clear
2. Reasonable
3. Enforceable

Don't use too many words!

Is this a rule we can enforce?



Approaches

- Interrupt and Redirect
 - When and Then
 - If and Then
-
- “Excuse me sir, but your time on the computer is over. You can return tomorrow.”
 - “When you go outside, I can get you some coffee”
 - “If you leave the office quietly, then you can return next week.”

Examples of limits

▶ --interrupt and redirect.

▶ “Excuse me Mr. Smith, can you step outside with me for a moment?”

--When and then approach

- “When you have a seat in the wait room, I will find out how long you will need to wait.”

--If and then

- “If you continue to yell at me, I will have to leave the room.”

Client service agreements

One point of contact is simpler

Despite best intentions, patient might be splitting and your response is not helpful

Honor agreements, the patient will too

Putting it all
together:
Video
How would
you
intervene?

Mac N cheese video-- [\(4\) Drunken UConn student looking for Mac and Cheese - YouTube](#)

Break out groups to discuss:

What risk factors could be present here?

Where are moments you noticed where de-escalation could have occurred?

Notice posture, non-verbal communications, tone of voice

What could they have done differently?

Where did they go wrong??

▶ POLL