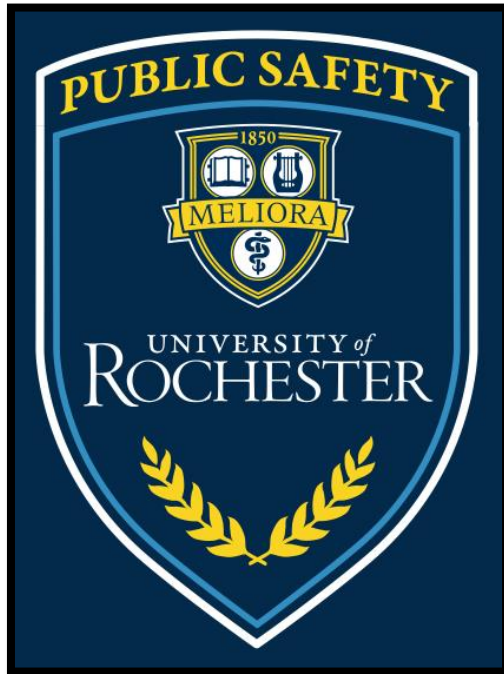


SCORE

De-Escalation



Cpt. Cynthia Coates
Cynthia.Coates@dps.rochester.edu
585-273-5022
Department of Public Safety



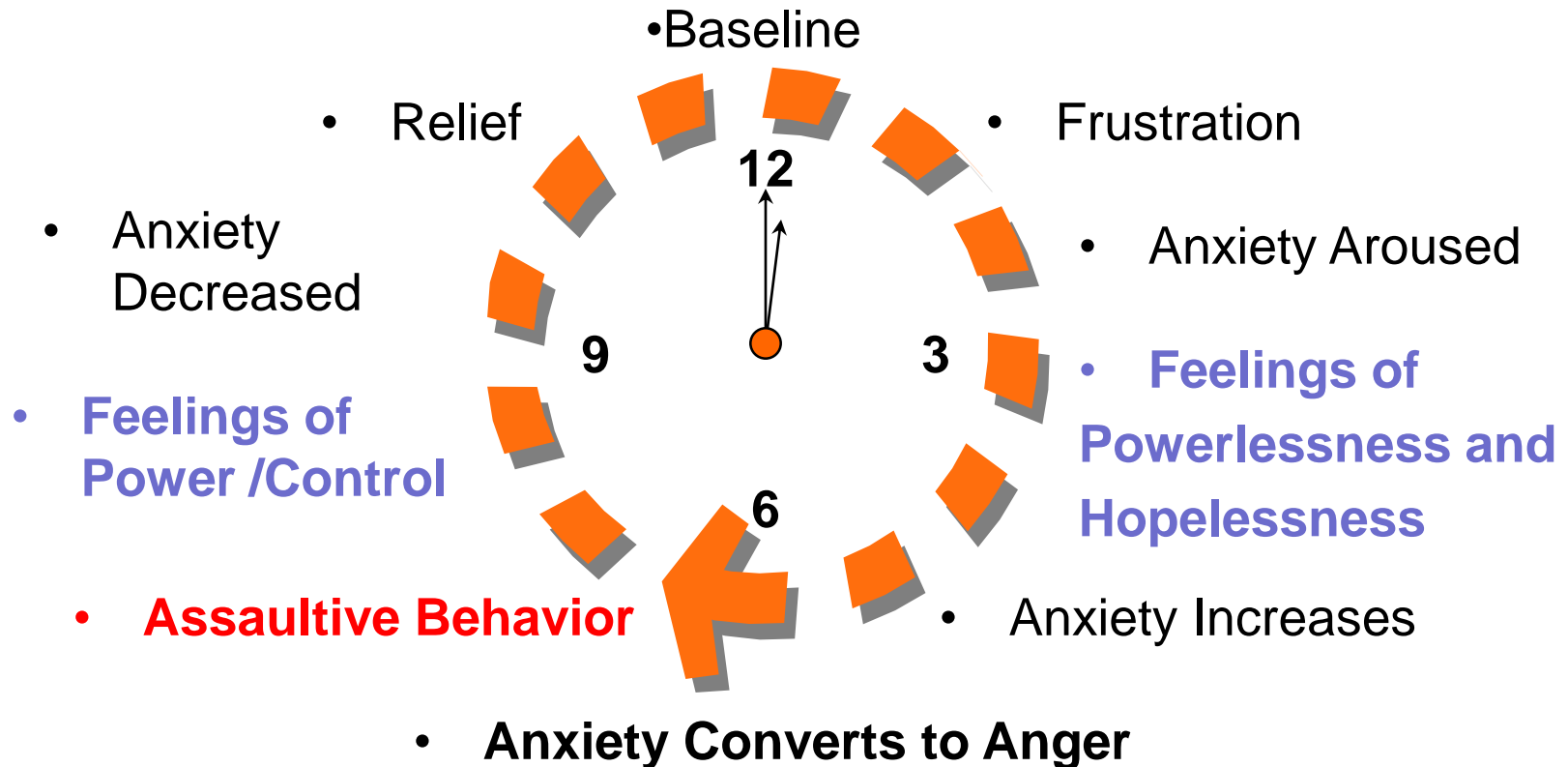
Learning Objectives

1. Recognizing warning signs of aggressive and unwanted behaviors
2. Collaborative discussion with members on using de-escalation techniques to set boundaries and gain compliance.
3. Using University resources for employee support for post-incident events



CYCLE OF AGGRESSION

- Stress / Loss
- Unmet Needs / Expectations





What is baseline?



Baseline is a line serving as a basis; *especially*: one of known measure or position used to calculate or locate something. *Merriam-Webster Dictionary.*

We are all different and so are our experiences and expectations. Listen closely to what is being said.

Use Miller's Law. "To understand what another person is saying, you must assume that it is true and try to imagine what it could be true of."*

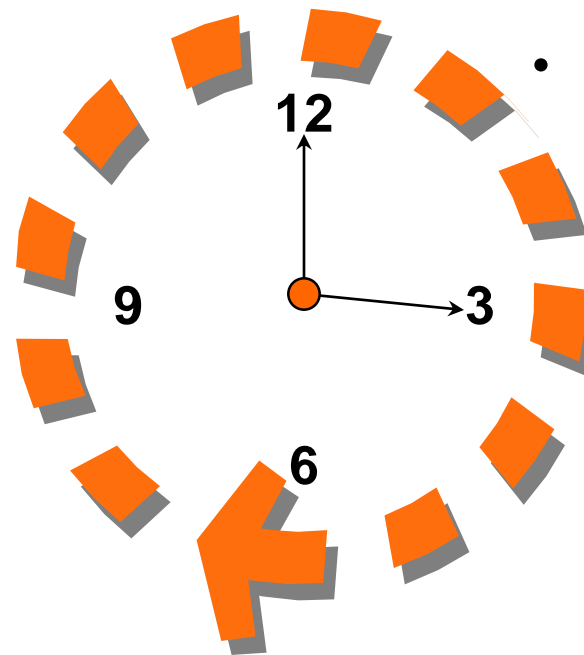
- Try to understand
- Less judgmental
- Showing an interest
- Improve the relationship

Richmond, Janet, et al, (2012), Verbal De-escalation of the Agitated Patient: Consensus Statement of the American Association for Emergency Psychiatry Project BETA De-escalation Workgroup. *Western Journal of Emergency Medicine, Vol. XIII, No 1, p. 21-22*



CYCLE OF AGGRESSION-Phase I

- Unmet Needs / Expectations



- Frustration

- Anxiety Aroused

- **Feelings of Powerlessness and Hopelessness**



Identifying Warning Signs-Phase I

Physical signs

- Scowling or sneering
- Rapid, uneasy eye movement that dart back and forth, or a wide-open, focused stare
- Repetitive non-goal directed motor activity (foot tapping, pacing, hand wringing, hair pulling, fiddling with clothes or other objects)
- Rapid breathing – reaction to stress
- Clenching of jaws or fists
- People under the influence of drugs or alcohol

Emotional Signs

- Tired or lethargic
- Not taking care of own needs
- Hyper-vigilance

Verbal Signs

- Constant questioning – attempt to gain understanding
- Verbalized threats of aggression.
- Vocalizing repetitive thoughts, such as, “You’ve got to get out of here, You’ve got to get out of here.”
- Stiff voice or pacing words
- Loudly talking on cell phone verbalizing dissatisfaction
- Complaining about seemingly insignificant things



De-Escalate Phase I

Listen. Empathize. Apologize. Respond. Notify

DO

- Respect Personal Space
- Personalize interaction
- Validate feelings
- Project positive outcome
- Ask questions
- Hear them out
- Provide choices & optimism
- Establish behavior plan
- Follow through

DON'T

- Be Provocative
- Pass judgment
- Avoid involvement
- Dismiss or minimize
- Cite rules
- Out talk them
- Back them into a corner
- Leave them hanging

Examples

1. Agree or agree to disagree
2. I can tell that you are upset. Is that how you're feeling?
3. What caused you to feel that way?
4. I am sorry that you are feeling that way.
5. Let me check with the team and see what we can do. I will get back to you today.



Boundary Setting

List Favorable Behaviors

1. Sense of humor
2. Respecting my position
3. Addressing me with respect
4. Only those I invite into my life can ask me about things I deem personal
5. Only touch me when I allow it
6. Respect my time
7. Respect my "No."
8. Respect my decisions

The opposite of Favorable behaviors

1. Making jokes designed to demean anyone
2. Asking me to break the law or policy
3. Calling me names to include sweetie or honey
4. Asking me about my family
5. Touching me without my permission or getting within my personal space
6. Extending the meeting without good reason or emergency
7. Ignoring my "No" and trying to talk me into something
8. Using guilt as a means of control



What to Say?

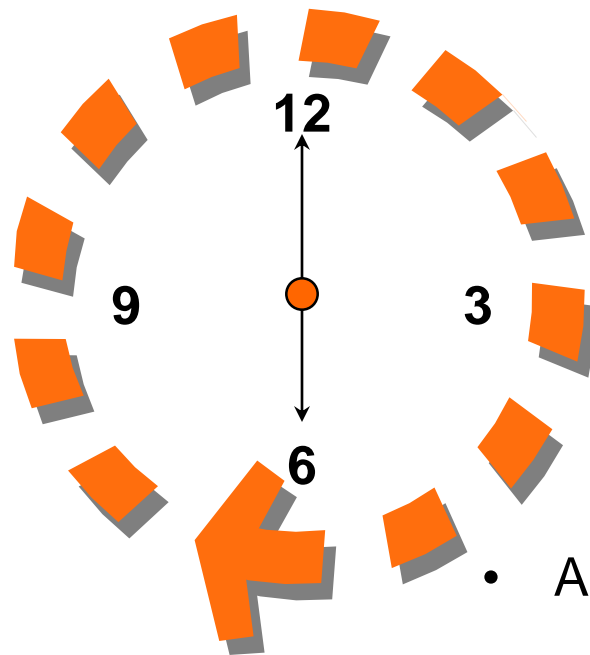
Develop and practice a list of phrases

1. I don't find that funny. Please don't make fun of x again.
2. "You may intend the jokes and comments to be funny, but they aren't. They're insulting."
3. No I won't do that.
4. Thank you very much, but could you go back to the point you were making about X?
5. Don't touch my hair, arm, shoulder, etc.
6. I feel threatened by this.
7. "I am not interested in..." or "I do not want..."
8. "I feel uncomfortable with this conversation, what you're doing, how you're talking to me."



CYCLE OF AGGRESSION-Phase II

- Continued unmet needs & dissatisfaction
- Increased Stress/ Loss



- Anxiety Increases
- **Anxiety Converts to Anger**



Identifying Warning Signs-Phase II

Physical Signs

- Increased gestures
- Tossing of items

Emotional Signs

- Appears to be under the influence of drugs and/or alcohol
- Makes a mess, scatters clothes or objects
- Unkempt, unable to communicate
- Disengaged

Verbal Signs

- Speaks and/or complains loudly
- Uses profanity/sexual comments
- Boasting of prior violence
- States he/she will lose control
- Challenges authority
- Blames others for his/her problems, error or mistakes
- Communicates unrealistic and unnecessary demands for service



De-Escalate Phase II

Listen. Empathize. Apologize. Respond. Notify.

DO

- Speak calmly and clearly
- Respect personal space
- Offer choices & optimism
- Project confidence
- Be aware and alert
- Set limits/redirect
- Coach how to stay in control
- Contain the person
- Remove potential weapons
- Remove others
- Get assistance
- Remove yourself if you're the target
- Mobilize resources

DON'T

- Enter into argument
- Touch or get too close
- Turn your back
- Tell them to “Calm down”
- Think you can handle it yourself
- Allow your ego to rule
- Talk to large groups of people

EXAMPLES

1. “I really want you to sit down. I feel frightened, and I can't pay full attention to what you are saying.”
2. “I bet you could help me understand if were you to calmly tell me your concerns.”
3. When medications are indicated, timing and delivery are essential. Try to get the request to come from the patient.



CYCLE OF AGGRESSION-Phase III

- Extreme stress, unable to express unexpected loss
- Unmet Needs / Expectations



Thinking Brain vs. Emotional Brain

Frontal Lobe

Executive Functions

1. Focus, Attention
2. Self Control of Behavior and Speech
3. Plan and Organize
4. Perspective Taking
5. Cognitive Flexibility
6. Medical and other Decision Making
7. Ability to Defer Gratification
8. Estimating Time
9. Working Memory

Limbic System

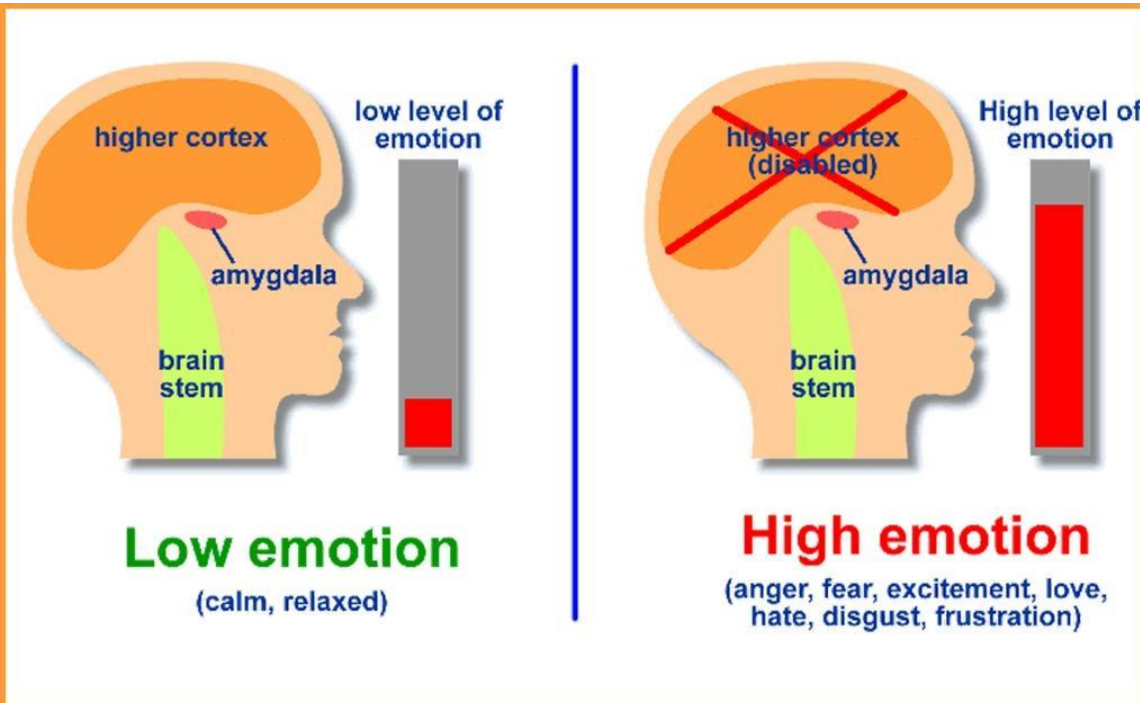
Primitive Emotion, Instinct & Mood

1. Fear, stress, anger
2. New memories
3. Emotional reactivity
4. Coordination of sights and smells with pleasant memories
5. Induces an emotional reaction to pain
6. Helps regulates aggressive behavior



Amygdala Hijack*

Amygdala takes over the Cortex
preparing us for flight or fight



Adrenaline is released and stays
in the body for about 18 minutes

Strong
Emotional
Reaction

Sudden
Outburst

Regretting
actions later

*Term coined by Daniel Goleman

<https://www.youtube.com/watch?v=9u3UvXqArqs>

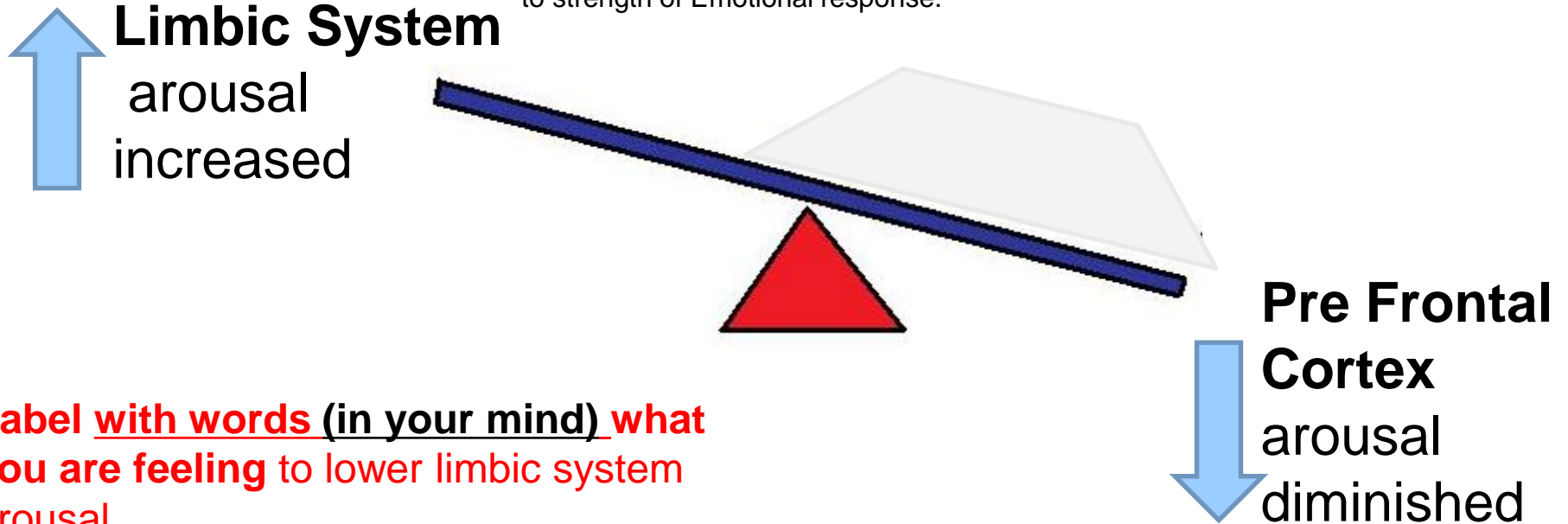


UNIVERSITY of ROCHESTER

Regaining Balance

Hippocampus-determine danger vs. reward

Amygdala- increased arousal proportional to strength of Emotional response.



Diminished
Executive
Functionality

Label with words (in your mind) what you are feeling to lower limbic system arousal

1. How are you feeling?
2. What behavior or event caused you to feel that way?
3. Why do you feel that way?

Dr. Michael Privitera URMU Dept. of Psychiatry



Warning Signs-Phase III

Significant change in baseline activity

Hyperactivity:

- Threatening gestures
- Vicious cursing
- Develops plan or makes clear, concise threat
- Throws objects down, banging, kicking walls or furniture.
- States there is “nothing to lose”



De-Escalation Concepts

- “Calming the patient” has dominant-submissive connotation
- Contemporary goal: **“helping the patient calm himself”**—a form of treatment, help patient find internal locus of control
- **4 main objectives**
 1. Ensure safety of patient, staff and others in the area
 2. Help patient manage his emotions, distress, and maintain or regain control of his behavior
 3. Avoid use of restraint when at all possible
 4. Avoid coercive interventions that escalate agitation
- **If unable to engage in conversation** - may be on edge of new or repeated violence (e.g. Phase III)
 - Different management, safety issues of imminent risk, but remember compassion and respect.



10 Domains of De-Escalation

1. **Respect Personal Space of patient and yourself. (2 arm's lengths)**
2. **Do Not be Provocative (avoid Iatrogenic* Escalation)**
 - Humiliation of patient needs to be strongly avoided.

Body Language:

 - Stand at angle to patient (to not appear confrontational),
 - No clenched fists
 - Hands visible.
 - Avoid excessive eye contact
 - Avoid arm folding or turning away.
 - Body language should be congruent with words (otherwise seems insincere)
3. **Establish Verbal Contact and 1 person verbally interacts**
4. **Be Concise, and keep it simple, repetition may be needed.**
5. **Identify Wants and feelings –**

Use “Free information” (trivial things patient says, his body language or even past encounters with patient) to identify wants and feelings.

***iatrogenic= inadvertently induced by medical staff or treatment**

Richmond JS et al. Verbal De-escalation of the Agitated Patient: Consensus Statement of the American Association for Emergency Psychiatry Project BETA De Escalation Workgroup. Western Journal of Emergency Medicine. Vol XIII, No 1. 17-25. Feb 2012.



10 Domains of De-Escalation

(cont'd)

6. Listen Closely to what patient is saying:

- Active Listening.
- Use “Miller’s Law”- assume patient’s point is truth and try to imagine what it could be true of.

7. Agree or Agree to Disagree:

- “Fogging” is empathic behavior in which one finds something of patient’s position upon which to agree.

8. Lay down Law and Set Clear Limits:

- Establish basic working conditions.
- Must be reasonable and done in respectful manner.
- Coach patient how to stay in control

9. Offer Choices and Optimism.

- Broach subject of medications.
- Be optimistic and provide hope.

10. Debrief the patient and staff.

Richmond JS et al 2012



Recommend weekly team debriefings

Invite everyone to the conversation and have a questioning mindset

What happened?

A quick re-cap of the incident from various perspectives

Why did it happen?

Were there any indicators?

Where did it happen?

Was there a choice of locations?

If so, was this the safest location, or if in the future can we choose another location?

Who was involved?

Did we have opportunity to remove others who did not need to be involved?

Did we have opportunity to invite others who were not involved?

Is everyone okay?

When did this occur?

Was there an opportunity to delay and call more resources?

How did it go?

What went right, what went wrong, and what are our opportunities for improvement?

Going forward

- Do we need to develop a safety plan?
- Do we need to involve other leadership?
- Use what works and change what doesn't.
- Do we need additional debriefings (this is usually in a more scheduled, controlled, and measured response for emotionally fraught events)



Conclusion

- Aggression is a real physical response to emotional crisis.
- Aggression can be de-escalated.
- Watch for signs that aggression may turn to physical violence.
- Know your resources and use them.

