De-Escalation Techniques

Annual Refresher

Revised February 2011

SELF-TEACHING PACKET INSTRUCTIONS

De-Escalation Techniques/Annual Refresher must be completed between June 1\textsuperscript{st} and June 30\textsuperscript{th}; post test must be submitted to PDT Department by June 30, 2011.

1) Read the enclosed materials.

2) Complete the post-test.

3) Place the post-test in a sealed envelope.

4) Return the test to the Professional Development & Training Department (PDT) to receive credit:

Professional Development & Training
BAMSI
10 Christy’s Drive
Brockton, MA 02301

Maintain a copy of the completed post test at your program.

Call the PDT Department at (508) 580-8700 if you have any questions.

Thank you.
SAFETY FOR ALL
(A Systems Perspective)

Staff in human service agencies and schools are charged with the task of providing a safe therapeutic environment for their persons served. Such an atmosphere is necessary from both a clinical standpoint, as well as a legal/ethical one. According to Maslow’s hierarchy of needs, personal safety is a very basic, primitive need. It is only when this need is satisfied that the person can focus on other, more complex needs. Hence, clinically, persons served need to know they are safe (physically and emotionally) in order to focus their energies on the important issues in their lives, which need to be resolved. From a legal/ethical point of view, staff need to protect the persons served. Once a person served begins receiving care from a treatment facility, responsibility for the person’s care is automatically transferred to the facility and its staff.

In order for staff to provide a safe environment, staff’s own needs for safety and security must also be addressed by the facility’s administration. Administration can increase staff’s feelings of safety by making sure the following conditions are met:

- Administrative policies and procedures clearly spell out what is expected of staff, what is expected of persons served in the facility, and what the consequences will be if these expectations are violated.

- Administration deals fairly with staff and supports staff to be the best that they can be.

- Administration is responsive to staff, staff are responsive to persons served and vice versa throughout the social system of the facility.

- Feedback in the system is based on positives (versus a punishment orientation which encourages a distrustful, deceitful, and resentful climate). A win-win atmosphere is present in the facility.

- The system is an open system, not closed one. In open systems, communication is valued between and within all levels of the organization.

- Violence is not allowed and staff are not expected to tolerate personal abuse from persons served.

- Adequate and appropriate backup is provided for emergency/crisis situations. Procedures for handling a crisis are clearly defined and/or basic principles are delineated. Staff are appreciated/rewarded appropriately for their skills and services.

- Staff are provided with adequate training to carry out their clinical, social and administrative duties.

- The clinical approach is clearly defined, so that all staff are working toward common goals.

In summary, how administration relates to staff will determine in part how staff relate to persons served. A system’s perspective emphasizes the importance of congruence throughout the entire system.
COMMON CAUSES OF VIOLENT BEHAVIOR

Although violent behavior is usually the result of a complex interaction of many variables, it is helpful to group these factors into three main categories. While these categories are somewhat arbitrary and contain some overlap, they point us toward specific areas, which require intervention and change. Just as individual behaviors are subject to various forces, so too are the behaviors of staff.

Please list possible causes in each category that could contribute to escalation.

<table>
<thead>
<tr>
<th>Environment Centered</th>
<th>Individual Centered</th>
<th>Staff Centered</th>
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Attempting to establish the ñcause or startòof these behavioral chains is much like trying to find the beginning of a circle. It is much more useful to see these groupings as possible opportunities for breaking destructive cycles of events and replacing them with positive cycles of growth.
The four stages of violence:

<table>
<thead>
<tr>
<th>Phase #1</th>
<th>Prevention</th>
<th>Phase #2</th>
<th>Escalation</th>
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<tbody>
<tr>
<td>___</td>
<td>Training</td>
<td>___</td>
<td>Unpredictable</td>
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<td>___</td>
<td>Staffing</td>
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<td>De-escalation initiated by staff</td>
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<td>___</td>
<td>Policies &amp; Procedures</td>
<td>___</td>
<td>Calming techniques</td>
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<td>___</td>
<td>Programming</td>
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<td>Re-direction techniques</td>
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<td>___</td>
<td>Recognizing Strengths</td>
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<td>Verbal diffusion</td>
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<thead>
<tr>
<th>Phase #3</th>
<th>Violence/Crisis</th>
<th>Phase #4</th>
<th>Post Incident</th>
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<tr>
<td>___</td>
<td>Teamwork</td>
<td>___</td>
<td>Education</td>
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<td>___</td>
<td>Quick action</td>
<td>___</td>
<td>Debriefing</td>
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<td>___</td>
<td>Coordination</td>
<td>___</td>
<td>Documentation</td>
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<td>___</td>
<td>Communication</td>
<td>___</td>
<td>Implement Changes</td>
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<td>___</td>
<td>Safety for all</td>
<td>___</td>
<td>Support</td>
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<td>___</td>
<td>Resolution</td>
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**SIGNS OF AGITATION:**
List signs of agitation that could lead to escalation if the behavior is not deescalated:

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VIOLENCE/CRISIS STAGE

Predisposing Situations
- When a person served is afraid
- Following the denial of a real or perceived privilege
- Following a conflict or argument
- When strong demands, or unrealistic expectations, are imposed on the person served
- When the person served is intoxicated, or during a psychiatric relapse
- A person served often threatens harm because he or she feels vulnerable to harm themselves

Person’s Experience of a Crisis
- Emotional Distress: fear, paranoia, anger, shame, sadness, loneliness, humiliation
- Loss of control: feelings of powerlessness, vulnerability, victimization
- Physical reaction: rapid heart rate, sweaty palms, “fight or flight” response, tunnel vision
- Possible distortion of reality: psychosis, disassociation
- Reminders: previous crises, trauma experiences

What to do during the Violence/Crisis Stage
- Assess the situation and identify appropriate actions
- Act quickly and decisively
- Follow policies and procedures or crisis plans
- Stay aware at all times, do not leave the person served alone
- Keep calm and maintain your role as a staff person
- Work as a team with other program staff
- Use a show of force if necessary (police, multiple staff)
- Access on-call and community resources as necessary
- Take steps to keep yourself, staff, and all other persons served safe
GUIDE TO EFFECTIVE LISTENING

The first step toward preventing a physical crisis is to skillfully use verbal techniques whenever possible. One such technique, ACTIVE LISTENING is probably the most effective tool available for establishing good communication and strong rapport with persons served.

Although functioning as a good listener sounds easy, human nature teaches us that we tend to forget the most simple and obvious of solutions. While it is beyond the scope of this workbook to provide a course in a full range of psychotherapeutic verbal interventions, we will present the essentials for helping you develop positive communication skills.

Active listening is not a technique you can turn on and off. It requires a solid commitment on your part to step into the other’s shoes and view the world from their unique perspective. Too often as health care professionals, we tend to ignore the valuable information available to us when we set aside our own opinions and judgments and genuinely listen. If you are the type of individual who has little tolerance for opinions which are different from your own, you may find it considerably difficult to “active listen.” If this is the case, we recommend you seek out an adult education course that will provide you with hands on experience in active listening skill building.

Active Listening is an extremely effective tool for opening and maintaining efficient lines of communication not only with persons served but with fellow staff members as well. While on first impression it may appear to “take time,” it is generally less time consuming than unknowing miscommunications, which frequently arise from poor listening practices. Also active listening does not imply agreement.

There are numerous roadblocks to listening and communicating effectively. We all use some or all of these behaviors in various situations and with certain types of people. While some of the behaviors may be appropriate in certain situations or settings, they detract from your ability as a good listener when that is your primary goal. By becoming aware of your listening habits, you can become a more effective communicator with some practice. The following page illustrates major Roadblocks to effective Active Listening.

EFFECTIVE LISTENING

Since becoming a good listener is an active process, it involves more than just eliminating roadblocks from your communication style with persons served. You must also develop certain skills we call “green lights” which place you as an active collaborator in the listening/communicating process. In contrast to roadblocks, green lights are strong reassurance to the speaker that you are “available” to them.

Green lights come in two forms: nonverbal and verbal. According to Albert Mehrhabian and other communication researchers, the nonverbal message carries significantly more impact than the verbal message (in fact, approximately 93%)!

Given the power of the nonverbal message, it is crucial for staff to attend to “how you say what you say with your body,” as well as to the content of your words. If your words are saying “I don’t want to harm you,” but your body language is aggressive, the person served will respond to you as a perceived threat. The key here to maximizing communication effectiveness, is to aim for CONGRUENCE between your verbal and nonverbal messages.
ROADBLOCKS TO ACTIVE LISTENING:

___ REHEARSING:
Mentally rehearsing/practicing for your turn robs the other of your whole undivided attention.

___COMPARING:
It’s difficult to let much of what the other is saying penetrate when you’re too focused on assessing your own adequacy.

___JUDGING:
Negative pre-judgment (i.e. “He’s acting like a big baby!”) give you permission to ignore what the other is saying before you’ve really heard them. Criticizing and blaming are forms of judging.

___IDENTIFYING:
This occurs when you can’t listen to another person’s situation without being reminded of your own similar experience. You become so focused on what happened to you, that the other’s experience is lost or diminished in the process.

___SUGGESTING:
With your focus on “being a helpful staff” and coming up with the right solution, you often miss how the other feels. You are no longer just “being there” for the other person.

___PLACATING:
When your over-riding concern is being liked, you’re likely to indiscriminately agree with and praise the other person, rather than tune in and examine what is being expressed.

___MIND READING:
This implies a mistrust of what others are saying and an assumption that you know what the other person is really thinking and feeling. This behavior can be particularly upsetting and frightening to a person served and can actually escalate a pre-violent situation into a crisis.

___ANALYZING:
Similar to mind reading, analyzing, interpreting, or diagnosing places the focus on your ideas and away from what the person served is trying to express. Like mind reading, it can represent an one-up-manship tactic and contribute to a crisis.
___SIDE TRACKING:

Changing the topic, joking, and bringing up irrelevancies (usually out of a need to avoid personal discomfort or sometimes boredom) seriously discounts the other person’s communication.

___FILTERING:

When you are listening either to hear certain things (i.e. listening long enough to ascertain whether the person served really intends to throw a chair) or not hear other things (i.e. the person served has a knife in his pocket) you cannot give your full attention to the entire message.

___DEBATING:

Finding it impossible to listen without arguing and disagreeing with almost everything the other person says. Being motivated to “correct and set the other straight, to be right” can clearly escalate a pre-violent incident. Like several of the other roadblocks to listening, this is a destructive one-up-manship tactic.

**CHOOSE COMMUNICATION TOOLS WITH CARE:**

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<tr>
<td>1. SETTING LIMITS</td>
<td>Clearly defining acceptable/unacceptable behavior(s). Usually done in an assertive manner.</td>
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<tr>
<td>2. REALITY TESTING</td>
<td>Providing information regarding generally agreed (shared) ideas about the world. Clarifying what is real and not real.</td>
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<tr>
<td>3. PROBLEM SOLVING</td>
<td>Process for objectively working toward a solution to a specified problem.</td>
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<tr>
<td>4. ADVICE GIVING</td>
<td>Offering suggestions (Unlike problem solving, this is not a collaborative process).</td>
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<tr>
<td>5. REASSURANCE</td>
<td>Providing emotional verbal and nonverbal support.</td>
</tr>
<tr>
<td>6. BODY LANGUAGE</td>
<td>The way in which we use our body during communication can either enhance or detract from our intended message</td>
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<tr>
<td>7. VERBAL MESSAGES</td>
<td>Our choice of words can both clarify and confuse.</td>
</tr>
<tr>
<td>8. ACTIVE LISTENING</td>
<td>Method for reassuring the other person that you are listening and understanding the meaning of their communication.</td>
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INTERRUPT  IGNORE  REDIRECT  REWARD

During the Pre-violent stage of managing violence, it is often possible for staff to divert the sequence of negative events by relatively non-intrusive methods.

When used individually, the following techniques have limited utility, but when implemented smoothly and in sequence, INTERRUPT, IGNORE, REDIRECT, REWARD, can be quite effective and powerful. The developer of this sequential strategy, John McGee, has written extensively on the effectiveness of these strategies in the teaching environment.

The first thing to do in order to break the chain of behaviors is by interrupting the flow of events. Sometimes this can be achieved by saying the upset person's name or by calling attention to something in the environment.

Ignoring means that the early stage of a negative behavioral sequence is not visibly responded to, in order to avoid inadvertently reinforcing it. It does not mean that the early danger signs are truly ignored and it certainly does not mean that dangerous behaviors are ever ignored.

The effectiveness of ignoring depends, in part, on the strength of the relationship between upset person and staff. We all know what it feels like to be ignored by someone we have a relationship with. It has a much greater emotional impact on us than does being ignored by someone we don't like, don't know very well or could care less about.

Attempting to just stop a behavior usually results in a confrontation that may escalate to a physical crisis. In general, it is easier and safer to manage a potentially dangerous behavior by deflecting or redirecting the behavior. In this way, the more appropriate behavior can be reinforced and a cycle of positive exchanges can begin.

If we want to foster new behaviors in the others, we must reinforce them with some kind of reward. Remember, what is rewarding to one person may not be rewarding to another. While there may be some "universal" rewards, each person served is a unique individual and may have specific preferences.

Billy is headed toward the window with a large hammer in his hand while mumbling to himself. Use the behavioral sequence above to intervene with Billy:

Interrupt:

Ignore:

Re-direct:

Reward:
THE 3 “R’S OF POST VIOLENCE (Relax, Review, & Record)

During a behavioral crisis, especially one involving assault or physical holding, emotions run high. We respond to stressful conditions with our bodies as well as with our minds. Adrenaline is secreted, our muscles tense, breathing is effected, as we automatically prepare for major physical exertion. Therefore, during the post-crisis stage, it is important to teach new behaviors that allow the upset persons' mind and body to decompress and return to normal.

RELAX!

Whether or not we actually engage in any physical management techniques, our bodies need time to relax following a crisis or even a potential crisis situation. Taking a few minutes after the crisis has passed to walk, drink some juice, or just sit and talk to someone to recharge our batteries enables us to be more effective when we resume our duties. A small amount of time taken in this manner may help us to prevent another crisis a few minutes or hours later.

Realistically, it is not always possible to take a short break immediately following a confrontation. However, you can always remember to take a few cleansing deep breaths. Your first priority is to establish that the person(s) involved in the confrontation has regained control and that the environment has returned to normal. Once person(s) and environment are secured, take care of your needs to briefly relax by requesting time from your supervisor to take a few minutes break.

REVIEW!

It is often extremely helpful to share our experience with a colleague. In addition to helping us ventilate some of our emotions, valuable information can be shared at this time. During a crisis, it is difficult to attend to all of the relevant factors surrounding the incident. Also, interventions others have found to be successful in the past with a particular person served or in a particular situation can be communicated. Feedback on our own behaviors can be elicited from others as well. It can be an opportunity to examine the incident in context, rather than simply focusing upon the crisis behaviors. It is an opportunity to learn/grow/improve.

RECORD!

In each facility, there are protocols for recording and documenting the facts of behavioral episodes. Injuries to staff or persons served need to be accurately documented as soon as possible, as time can erase or distort important details rather quickly.

Some general tips on filling out the report: To the degree possible, record what was happening BEFORE the incident, including the general context and any observable sequence of behaviors by both staff and persons served. The actual events DURING the crisis should, of course, be delineated accurately. Finally, describe what occurred AFTER the incident. Often it is the consequences of a behavior that determine the likelihood of its recurrence.
De-Escalation Annual Refresher

- POST-TEST

Name: _______________________________ Program: _______________________

Date: __________________

1. Situations requiring verbal de-escalation techniques are: environmental, medical, and psychiatric/behavioral.
   _____ True  _____ False

2. What are the 4 stages of violence?
   a. __________________________   c. __________________________
   b. __________________________   d. __________________________

3. Common causes of violence are:
   a.) Environment  b.) Person served  c.) Staff  d.) All of the above

4. During the pre-violent stage of managing violence, it is possible to divert negative events by using IIIRR, which is:
   a) Interrupt, Involve, Recognize, Reward
   b) Interrupt, Ignore, Redirect, Reward
   c) Integrate, Isolate, Re-integrate, Re-isolate

5. Active listening does not imply agreement.
   _____ True  _____ False

6. Three common communication tools include:
   a. Setting Limits  c. Body Language
   b. Problem Solving  d. all of the above

7. After a violent episode the three things to do are:
   a) Eat, drink and sleep
   b) Prevent, Predict and Protect
   c) Relax, Review, Record
   d) Ignore, Interrupt, Redirect

8. Administration deals fairly with staff and supports staff to ņ___________  _________
   _________  _________  _________  _________  _________  _________  _________.
9. Correct responses to the violence/crisis stage could include:

a.) Leave the program  
b.) Act quickly and decisively  
c.) Work as a team with other staff  
d.) b and c

10. Sign of Agitation include:

a.) Verbal Content  
b.) Facial Expressions  
c.) Throwing Objects  
d.) All of the above