Staying Safe on the Job: De-Escalating Challenging Situations

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Learning objectives:

1. Identify risk factors for challenging situations
2. Recognize the early warning signs
3. Discuss principles of de-escalation
4. Discuss strategies to de-escalate challenging situations
Background

• Harm reduction service providers can face challenging situations
• Although they may be rare, we need to know how to respond to them
• Challenging situations include:
  – Agitation
  – Hostility
  – Threats
  – Violence
Challenging Situations: Risk Factors

CLIENT
ENVIRONMENT
STAFF
Risk Factors: Client

• Young age
• Effects of intoxication or withdrawal from a substance ("bad trip")
• Stressful event in clients’ lives
• Fear or paranoia
• Psychosis
• Delirium
• Feelings of lack of control
• Violent or aggressive in the past

*Ref: Davison, S. (2005); Jenner & Lee (2008); HEABC*
Risk Factors: Environment

- Poor physical conditions
- Lack of privacy, over-crowding, noisy
- Lack of staff training or education in responding to challenging situations
- Lack of policies to manage challenging situations

*Ref: Davison, S. (2005); Jenner & Lee (2008); Richmond, J et al (2012)*
Risk Factors: Staff

- Poor staff-client ratio
- Lack of clear plan to manage challenging situations
- Poor communication

*Ref: Davison, S. (2005); Jenner & Lee (2008); Richmond, J et al (2012)*
Early Warning Signs

ANXIETY:
A change in a person’s behaviour

Be Aware: How do you know when a client is anxious?
Early Warning Signs: Anxiety

- Raised voice
- High pitched voice
- Pacing, rocking
- Fidgeting, restlessness, agitation
- Hand-wringing, balled fists
- Rapid speech
- Fast breaching
- Disclosure of loss of control
- Shifting moods
Help Manage the Anxiety

Managing anxiety can prevent escalation from occurring
De-Escalation: Definition

“......gradual resolution of a....situation through the use of verbal and physical expressions of empathy, alliance and non-confrontational limit setting that is based on respect...”

(Cowin, 2003)
What is De-Escalation?

• “talking down” or “defusing” to help client to a calmer state
• Make the situation safe
• The only goal of de-escalation is to reduce anxiety so that problem-solving and discussion are possible\(^1\)
• Three components\(^2\):
  – Assessment of the immediate situation
  – Verbal and non-verbal communication
  – Problem solving techniques

General Principles of De-Escalation

• Safety first!
• Ensure the situation is appropriate
• Trust your gut
• People do not calm down because someone asks
• Intervene early; the more it escalates the less likely to be successful
• Call for assistance when de-escalation is not effective
General Principles of De-Escalation*

- Effective de-escalation techniques do not feel normal
- Intuition and instinct is “fight or flight”
- In de-escalation we do neither
  - We must appear centered and calm
- Practice, practice, practice techniques so they are second-nature

De-Escalation Techniques

• Initial Approach
• Communication Strategies
  – Non-verbal
  – Vocal
  – Verbal
De-Escalation: Initial Approach

• Scan the environment and judge risks
• Choose “one communicator”
  – One worker should take control of the situation and undertake communication
• Other workers on stand-by so a team approach can be undertaken
• Create space:
  – Usher bystanders, stop others from entering
• Adopt an open body posture
  – Arms by sides, palms forward

*Jenner & Lee (2008)*
De-Escalation: Communication

• Escalation can occur if clients feel:
  – Unable to express themselves
  – Frustrated and “not heard”
  – Disrespected

• Communication either helps or hinders the situation

How we respond to others determines how they respond to us.
Different Types of Communication*

Communication Types

- Verbal: 55%
- Non-Verbal: 38%
- Vocal: 7%

*HEABC: Module 4
Create Personal Space*

• Respect client’s personal space
• Increased closeness = Increased anxiety/threat
• Maintain at least 2 arm’s length of distance
  – Intimate zone is 1.5 feet (family and friends)
• If a client asks for more space, give it to them
• Both the worker and the client should be able to exit the room without the other blocking it
• Ignoring personal space gives the potential for repeating traumatic experiences for clients

*HEABC: Module 4; Jenner & Lee (2008); CPI (2010)
The physical stance

• Be at the same height as the client (ie., if the client is seated, the worker should be seated)
• Avoid toe-to-toe position (Challenging Position)
• Don’t face the patient: Use the supportive stance
  – Stand at a 45 degree angle
• Keep hands open, visible, and above your waist

*HEABC: Module 4 & 5; Jenner & Lee (2008); CPI (2010); Skolnik-Acker, E. (2011)
Body Language

- Posture
- Movement
- Gestures
- Facial Expressions

Must demonstrate that you will not harm the patient, you want to listen, and you want everyone to be safe

*HEABC: Module 4; CPI (2010)
Body Language: What to do?

• Calm demeanor and facial expression are important
  – Relax your facial muscles

• Manage your anxiety—your anxiety can increase the client’s anxiety and escalate him/her

• Make sure body language is congruent with what you are saying (sincerity is important)

• Make eye contact without glaring or staring
  – Allow client to break their gaze of eye contact or turn away

• Keep relaxed and alert posture

*HEABC: Module 4 & 5; Jenner & Lee (2008); CPI (2010); Skolnik-Acker, E. (2011)
Body Language: What to avoid?

• Excessive eye contact (considered aggressive)
• Putting hands on hips, crossing your arms, or putting them behind your back
• Rolling eyes
• Pointing or shaking finger
• Touching the patient to re-assure (could be seen as provocative)

*HEABC: Module 4 & 5; Jenner & Lee (2008); CPI (2010); Skolnik-Acker, E. (2011)
De-Escalating: Vocal Communication

• Speed of speech: Speak at a slower, calmer rate
  – We talk faster when anxious
• Pitch: Keep your voice steady and firm
  – Pitch is raised when we are anxious
• Tone: Be soft and respectful
• Volume: Calm volume
  – We raise our voices when anxious and in response to others raising their voices at us

*HEABC: Module 4; Jenner & Lee (2008); CPI (2010); Skolnik-Acker, E. (2011)
De-Escalating: Verbal Communication

• The 3 S’s: Short, Simple, Straight-forward
  – Complex speech increases confusion and leads to escalation
  – Give client time to process and respond

• Speak to client by name; Introduce yourself/your role

• “Listen without judging” = Respect and positive regard

• Allow silence to exist

• Pay attention to how client is receiving the message

• Identify wants and feelings

• Set clear limits and offer choices

De-Escalating: Empathic Listening

• An active process to discern what the client is saying
• Non-judgmental
• Undivided attention
• Use restatement to clarify statements and messages

Miller’s law: “To understand what another person is saying, you must assume that it is true and try to imagine it is true” (Elgin, 1999 as cited in Richmond et al., 2012)

Verbal Communication: What to avoid?

- Challenging the client
- Telling the client to calm down or relax
- Arguing or convincing
- Making promises you can’t keep
- Making threats
- Being defensive
Do not attempt to de-escalate if....

- You do not feel confident or capable of managing the situation
  - If in doubt, ask for help
- Client is too angry or violent to respond to simple requests
- Client is already too hostile or unstable
- Client threatening harm to workers or bystanders
- Client has a weapon
Conclusions

• Verbal de-escalation techniques have the potential to decrease anxiety, mitigate challenging situations, and reduce potential for aggression
• These techniques require training and practice
• De-escalation is a team effort
• You can still protect your relationship with your clients when you use these techniques
• Workers must feel safe to approach the client
• Don’t be a hero: Call for help when you need it
References


References


