Crisis Intervention in Dealing With Violent Patients: De-escalation Techniques

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What is De-escalation

- “transferring your sense of calms and genuine interest in what the client wants to tell you by using respectful, clear, limit setting”
- Verbal and Non-verbal techniques
- Goal: build rapid rapport and sense of connection with agitated person

Identifying Agitated Patients

Emotional Signs:

- Crying
- Yelling
- Mutism
- Arguing
- Inappropriate Laughter
- Fear
- Confusion

Identifying Con’t

Behavioral Signs:

- Rocking/Swaying
- Shaking extremities
- Tenseness in the body
- Clenched fists
- Pacing
- Skitish Behaviors
- Rapid Breaths
- Pressured Speech
- Loud or Quiet
- Poor Eye Contact

Identifying Con't

Cognitive Signs:

- Defensive Statements
- Overgeneralizing "never" "always" "everyone"
- Black and White Thinking
- Blaming
- Obsessions/Preoccupations
- Refusing to Listen

Environmental Responses

- Space:
  - you to patient: 2 arm lengths, 45 degree angle
  - patient to room
- Do not block exits
- Ask if the patient needs water, a moment alone, to sit down, etc
- Be aware of clinic/office resources

Provider Behaviors

- Be a Mirror: if you reflect calm, cooperative, normal tone, the patient will mirror
- Neutrality: facial expression, Relax your body
- Non-defensive posture: Hands in front of body, open, and relaxed
- Minimize gesturing, pacing, fidgeting – signs of nervousness and increase agitation in others
- Eye level with Client but don't force eye contact
- Modulate tone of voice to reflect empathy or no emotional response

Provider Responses

- Treat with Dignity and Respect vs. Shame & Dis-Respect
- Do not Argue
- Set boundaries
- Encourage cooperation
- Validate feelings (vs agreeing)
- Ask Questions, Provide Choices
- Repetition of boundaries/rules, offers of help, options, resources

De-escalation Techniques

- Identify who you are; Patient identifies themselves
  - if you are new to the room/patient
- Identify your purpose:
  - to help patient regain control and calm, no one hurt
- Know Patient's background
  - homeless, history of trauma or abuse, mental health history, prior history in clinic or with providers
- Patient as Teacher

Techniques Con't

- Active Listening
  - verbal and non-verbal acknowledgement of what the patient is communicating
- Reflections
  - "Tell me if I have this right" (then summarize what the patient says)
  - "I'm confused, help me understand"
- 1:1 verbal communication
  - do not overwhelm the Patient with multiple providers

Techniques Con’t

- Emotional-less Response
  - The “i hate the world patient” or BPD patient
- Small words
  - No Doctor Speak
- Be concise
  - Attention/Concentration is poor during anger, stress, anxiety, fear
- Trust your instincts

Patient Tools

- Deep Breathing
  - 5 to 10 deep breaths tracking the breath from nose to stomach
  - Body Awareness
    - physical symptoms
  - Grounding
    - to the room, self, situation
  - Mindfulness
    - Object Focus, Senses

De-escalation Discussion

- Goal: calm the patient down vs solve the problem that caused the agitation
- Do Not Threaten, Argue, or try to Reason
  - Do not challenge delusions, hallucinations, fears
  - try to see “their truth”
- Set Boundaries/Rules
  - “I understand its confusing when rules change, but...
  - Blame the Institution (don’t personalize)

Discussion Con't

- Information Seeking Questions - Respond
  - "why do I always have to show my ID?"
- Attack questions - Do Not Respond
  - "why is that doctor a …."
- Give Choices of Safe Alternatives
  - "would you like to continue our discussion in a calm manner or take a break to relax then resume?"
  - "you frighten me when you pace, can you please sit down or I'll come back after you have walked and calmed down

Discussion Con't

- Empathize Feelings, Not Behavior
  - "I understand you are (use emotion the patient identified) but it's not ok to yell at staff"
- Focus on Cognitive: when the patient is teaching you why they are upset they aren't attacking
  - "Help me understand what you need"
  - "What has helped you in the past"
  - "I'm confused"
  - Not: "tell me how you feel"

Discussion Con't

- Agree or Agree to Disagree
- Ways to Agree
  - Agree with Truth: "yes she has stuck you three times and it hurts, do you mind if I try"
  - Agree with Principle: if patient feels disrespected "I believe everyone has a right to be respected"
  - Agree with Consensus "I'm sure other patients have felt this way"
- Agree to Disagree (be honest, Patient's will shut down when they sense a lie)

Case Examples