De-escalation Strategies for Care Providers
Behavioral Health Symptoms and Crisis Situations

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Learning Objectives

• Self awareness and self control
• How do we influence behavior?
• Understanding and responding to behaviors and symptoms
• Supportive interventions
Behavioral Health In Our Community

- 1 in 4 adults in the United States experiences mental illness in a given year
- 1 in 17 adults has a serious, chronic mental health disorder such as Schizophrenia, Bipolar Disorder, or Major Depressive Disorder (National Alliance on Mental Illness, March 2013)
- In 2009, 23.5 million people (9.3% of population 12 years of age and older) needed treatment for a substance use disorder (SAMHSA National Survey on Drug Use and Health)
Self Awareness

• In any situation, the only thing you have complete control over is yourself

• We work in a profession that provides care for individuals who will experience crisis

• Successful de-escalation begins with us – our attitudes, beliefs, and actions
Personal Feelings Impact Care and Communication

• Transference and Counter-transference
  – An individual’s positive or negative feelings associated with another person or a past experience may be transferred onto us
  – We may project our own positive or negative feelings from past experiences onto the individual

"You have a very bad case of transference."
Self Awareness

• What are my triggers and buttons?
  – This person is challenging what I love or hate
  – This person is violating my sense of morality
Under and Over Reaction

- Failure to protect the safety of an individual through inaction
- Failure to set verbal, physical limits due to fear, avoidance, or other reasons
- Destructive attitudes or actions
- Withdrawal of a caring manner toward an individual
- A physical intervention that hurts an individual
- A punitive reaction
Self Control

- I don’t have to get into a power struggle
- I don’t have to give back what I get
- It’s not personal
- I know what my triggers are
How Can I be Proactive?

• Be aware of your Internal Self
  – Biases, beliefs, moods
  – Reaction to stress

• Be aware of your Environment
  – Location, proximity, potential weapons

• Be aware of the Other Person
  – Notice and respond to cues about emotion and behavior
Understanding Behaviors

• Everyone has thoughts, feelings, and needs

• We are more impulsive when we are in crisis

• People may not realize they are out of control

• Behaviors are a way to get needs met

• We need to match our interventions to the needs behind the behaviors
Identifying and Responding to Behaviors

• What is the need behind the behavior?
  – FEAR
  – MANIPULATION
  – FRUSTRATION
  – INTIMIDATION
FEAR

• How do they look?
  – Freeze, cower, hide
  – Tense posture
  – Fight or flight mode
Reducing Fear

• Helping the person feel safe
  – Stay relaxed with your hands in full view
  – Stand slightly off to the side and far enough away that you do not appear to pose a physical threat to the person
  – Keep your voice soft and low
  – Use short phrases, 5 words or less
  – Explain your actions before you take them
Not this

Try this
MANIPULATION

• Person may make an initially calm request that cannot be granted
• Statements and behaviors designed to provoke a response
• Promote confusion
Working Through Manipulation

• Stay relaxed and assume a closed posture
• Turn slightly away, but do not turn your back
• Display subtle gestures of disinterest or disapproval
• Avoid direct eye contact, instead look at their shoulders, hairline, or chin
• Keep your voice low
• Respond like a broken record, or minimize response
No
FRUSTRATION

• Tense posture
• Fixed, focus glare
• Large, clenched gestures
Reducing Frustration

• Helping the person regain control
  – Square your shoulders, keep your back straight and your chin up
  – Keep hands visible, with palms out
  – Stay out of striking range
  – Maintain eye contact and focus on the person when you speak
  – Keep your words clear and voice low
  – Stick to repetitive directives of 5 words or less
Not this

Do this
INTIMIDATION

• Presents as physically menacing
• Clear demands that cannot be granted
• Threats of physical assault
Defusing Intimidation

• Maintain safety
  – Be relaxed but ready, do not appear fearful
  – Have an escape route
  – Do not use large gestures
  – Keep your voice emotionless and matter-of-fact
  – Your speech should be clear with direct statements
  – Make eye contact sparingly, do not stare
Not this

Do this instead
Identifying and Responding to Symptoms

- Personality Disorders
- Mania/Hypomania
- Psychosis
- Depression
- Anxiety
- Post-Traumatic Stress
- Dementia
- Traumatic Brain Injury
Personality Disorders

- Anger, depression, anxiety, mood swings
- Sensitivity to rejection, criticism, abandonment
- Easily overwhelmed, frustrated, and agitated
- Difficulty tolerating distress
- Behaviors to elicit care, attention, validation from others
Response Plan: Personality Disorders

- Avoid power struggles
- Limit emotionally charged responses
- Avoid threats, ultimatums, or excessive restrictions
- Remain matter-of-fact and neutral
- Give realistically available choices as often as possible
- Check back in with the person often
Mania/Hypomania

- Extreme mood swings and behaviors
- Euphoric, energized, expansive, overconfident
- Feeling ‘invincible’ to harm and superior to others
- Labile, anxious, guarded
- Impatient, easily frustrated
- Confusion as to why others are concerned
Response Plan: Mania/Hypomania

- Plan for unpredictability
- Low stimulus level
- Keep directions short and simple
- Don’t argue
- Say “you’re right” as much as possible
Psychosis

- Hallucinations and delusions
- May respond to auditory hallucinations
- Hyper-vigilant, fearful, self protective
- Religious preoccupation
- Withdrawn, inward focus
- Self-harm or suicidality in response to command hallucinations
Response Plan: Psychosis

• Approach slowly with non-threatening body language
• Ask them what they need
• Don’t contradict or argue about their beliefs
• Keep stimulus low in the environment
Depression

- Feeling overwhelmed, hopeless, helpless
- Change/loss of perspective
- Multiple life stressors
- Suicidal ideation
- May or may not have identifiable emotions but feel “empty” or “blank”
Response Plan: Depression

- Ask what they need, explain what you can do for them
- Avoid excessive restrictions
- Be kind and reassuring
- Explain what is happening
- Connect with family, friends, social resources for acute support and additional resource
Anxiety

- Irritability, distractibility
- Feelings of dread
- Overwhelmed with thoughts and emotions
- Difficulty making decisions and processing information
- Panic attacks
- Self medication with alcohol or drugs
Response Plan: Anxiety

• Treat physical symptoms as real
• Be reassuring, provide information about what will happen next
• Ask what would be most helpful to them
• Ask what has worked in the past
• Discuss recent and current situation in brief, neutral way
Post-Traumatic Stress

- Depression, hopelessness, helplessness
- Anxiety
- Irritability, outbursts of anger
- Difficulty sleeping, concentrating
- Suicidal thoughts and actions
- Hypervigilance
- Flashbacks
- Self medication with alcohol or drugs
Response Plan: Post-Traumatic Stress

• Give space
• Reduce external stimuli
• Anticipate and ask about triggers
• Ask what would be most helpful to them
• Ask what has worked for them in the past
• Involve family, friends, support network
Dementia

- Confusion, disorientation
- Poor memory
- Irritability, rapid mood changes
- Anxiety
- Aggression resulting from confusion or fear
- Vulnerability to medical complications
Response Plan: Dementia

- Create a calm environment
- Speak slowly, take your time
- Be reassuring and provide comfort
- Ask permission
- Ask what would be most helpful to them
Traumatic Brain Injury

- Headache
- Difficulty concentrating
- Memory impairments
- Attention deficits
- Mood swings and emotional disturbance
- Easily frustrated
- Impaired cognitive functions
- Difficulty with speech or communication
- Impulsivity
- Agitation and restlessness
- Hallucinations
Response Plan: Traumatic Brain Injury

- Anticipate confusion and reactivity
- Speak briefly and clearly
- Direct attention away from confusion rather than attempting to argue or convince
- Explain what will happen and what you will do next
- Minimize stimuli
Responding to Behaviors and Symptoms

• Everyone has needs
• Behaviors are an attempt to get those needs met
• Acknowledge and attempt to meet the need behind the behavior
• In a crisis situation, we are not our best selves
• Respond to the person, not the crisis