ECHO IDAHO

Behavioral Health in Primary Care

De-escalation Techniques

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Project ECHO

Objectives

- Define agitation
- Identify reasons someone may be agitated
- Identify the 3 Step Approach
- Identify the 4 Main Objectives when working with agitated individuals
- Identify the 10 Domains of De-escalation

Agitation

- Definition: a behavioral syndrome that may be connected to different underlying emotions
- Associated motor activity
  - Usually repetitive and non-goal directed
    - Foot tapping
    - Hand wringing
    - Hair pulling
    - Fiddling with clothes or other objects
  - Vocalizations of repetitive thoughts
    - “I’ve got to get out of here”
  - Irritability and heightened responsiveness to stimuli
  - Exists on a continuum
    - Anxiety to high anxiety, to agitation, to aggression
  - An acute emergency and requires immediate intervention to control symptoms and decrease risk of injury to self or others

Psychiatric Causes of Agitation

- Substance Use
  - Alcohol
  - Cannabis
  - Hallucinogens
  - Methamphetamines
- Psychosis
  - Primary psychotic disorders

3 Step Approach

- Step 1: Engage the individual
- Step 2: Establish a collaborative relationship
- Step 3: Verbally de-escalate the individual

4 Main Objectives

1. Ensure the safety of the individual, staff, and others in the area

2. Help the individual manage their emotions and distress and maintain or regain control of their behavior

3. Avoid the use of restraint when at all possible

4. Avoid coercive interventions that escalate agitation

Setting Staff up for Successful Interventions

Staff should be appropriate for the job

- Need to be able to recognize and control countertransference issues and own negative reactions
- Be able to recognize their limits
- Accept that an individual's behavior may be a manifestation of mental illness and de-escalation is the preferred treatment of choice
- Essential skills:
  - Good attitude - positive regard for the individual and capacity for empathy
    - https://www.youtube.com/watch?v=t685WM5R6aM
  - Recognize the individual is doing the best they can under the circumstances
  - Cognitive impairment or lack of skills needed to get needs met

Setting Staff up for Successful Interventions

Staff must be adequately trained

- Training in de-escalation techniques
  - Practice!
- Verbal loop
- Verbal de-escalation can frequently be successful in less than 5 minutes
- Persistence!

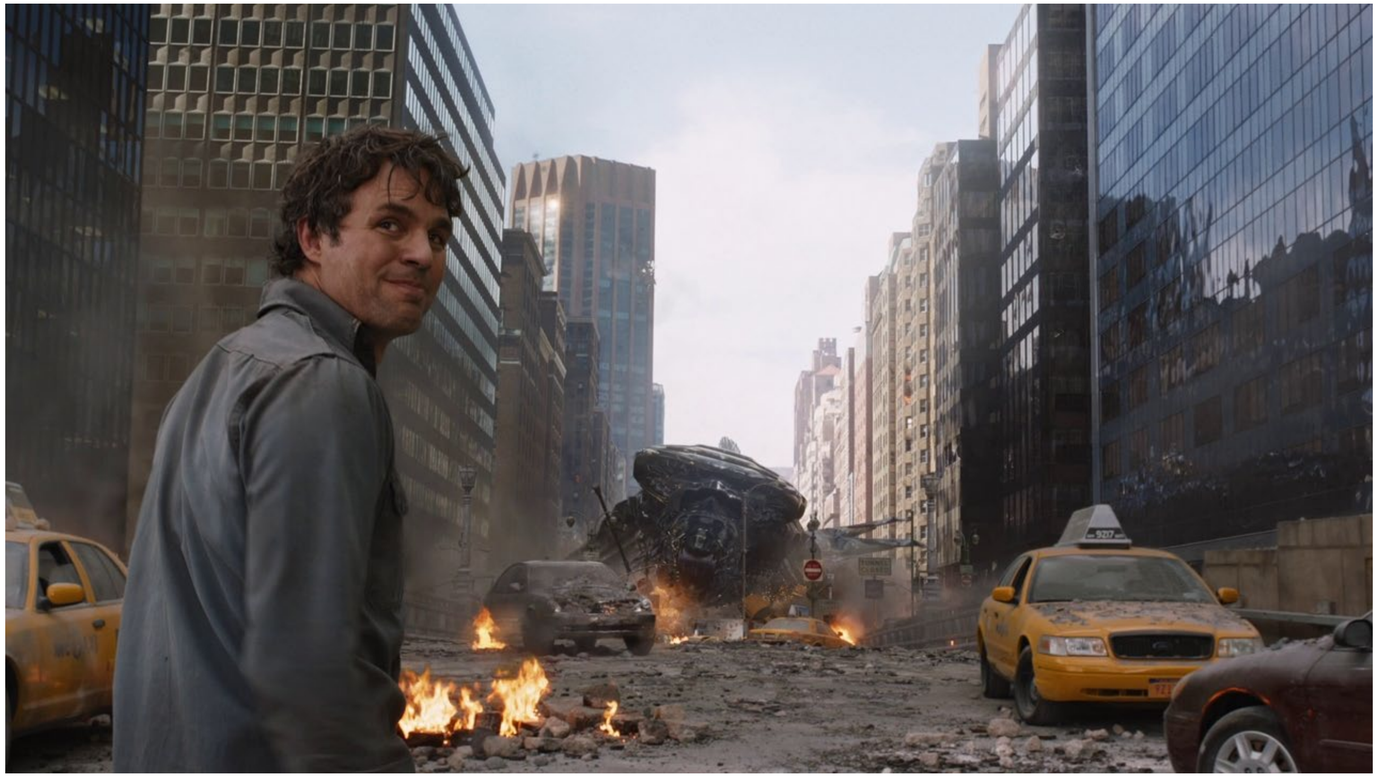
Setting Staff up for Successful Interventions

Adequate number of staff must be available

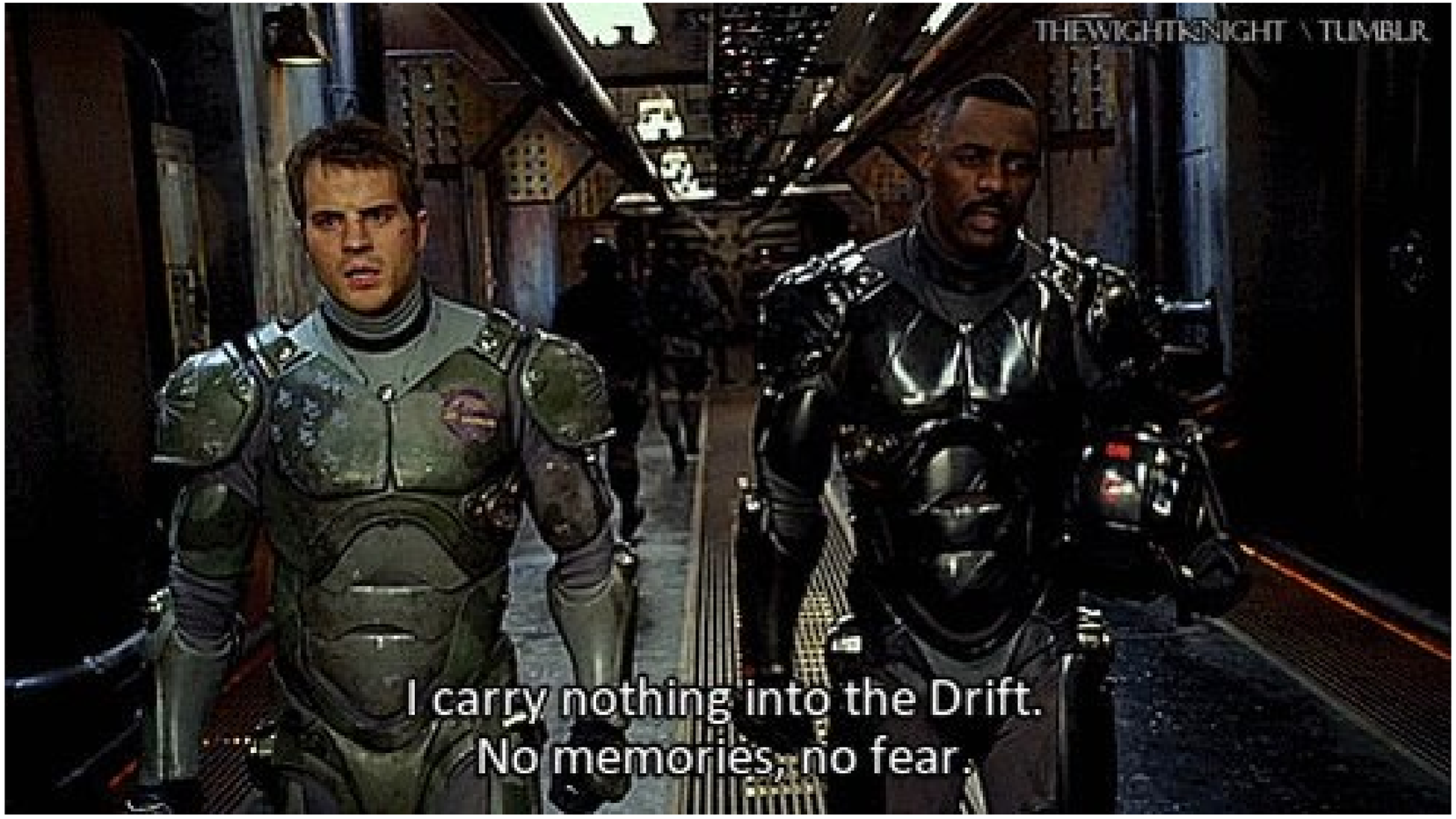
- Team Effort
  - Verbal de-escalation
  - Offer possibilities
  - Maintain safety

De-escalation Guidelines

- Staff cannot be effective if they have too much emotion or are frightened by the individual
  - Know what you bring in!
- Awareness of tone of voice
- Monitor own emotional and physiologic response to remain calm and be capable of performing verbal de-escalation
  - Positive self talk (“I can do this.” “I have been trained for this.”)
  - “That’s my secret, I’m always angry.”



“That’s my secret Capt, I’m always angry….”


THEWIGHTKNIGHT \ TUMBLR
I carry nothing into the Drift.
No memories, no fear.

Ten Domains of De-escalation

1. Respect personal space
2. Do not be provocative
3. Establish verbal contact
4. Be concise
5. Identify wants and feelings
6. Listen closely to what the individual is saying
7. Agree or agree to disagree
8. Lay down the law and set clear limits
9. Offer choices and optimism
10. Debrief individual and staff

Ten Domains of De-escalation

Domain 1: Respect Personal Space

- Respect the individual's and your own space
  - Maintain at least 2 arm's lengths of distance between you and the individual (can give more if necessary)
  - If they tell you to get out of the way, do so IMMEDIATELY
  - Should be able to exit the space without feeling the other is blocking the way
    - "You don't have to walk into that room"

Ten Domains of De-escalation

Domain 2: Do Not be Provocative

- Demonstrate through body language
  - Will not harm the individual
  - Want to listen
  - Want everyone to be safe
- Hands should be visible and unclenched
- Knees should be slightly bent
- Avoid directly facing the agitated individual - stand at an angle
- Calm demeanor and facial expressions
  - Excessive, direct eye contact, especially staring can be interpreted as an aggressive act
  - Closed body language, such as arm folding or turning away, can communicate lack of interest
- Monitor the environment so other people aren’t further provoking the individual
- Do not challenge the individual, insult them, or do anything else that can be perceived as humiliating

Ten Domains of De-escalation

Domain 3: Establish Verbal Contact

- Only personnel verbally interacts with the individual
  - Multiple people can confuse the individual and result in further escalation
  - Other team members should alert staff to the counter and remove innocent bystanders
- Introduce yourself and provide orientation and reassurance
  - Be polite
  - Tell them your name and title
  - Explain you are there to keep them safe and make sure no harm comes to them or anyone else
  - Orient them to where they are and what to expect
  - Ask for their name (if not yet known) and how they prefer to be addressed
    - Communicate they are important and they have some control over the situation

Ten Domains of De-escalation

Domain 4: Be Concise

- Keep it simple!
- Use short sentences
- Use simple vocabulary
- Give them time to process what has been said and how to respond before providing additional information
- Repetition/Verbal Loop
  - Persistently repeating your message to the individual until it is heard
  - Repetition is essential whenever you make requests, set limits, offer choices, or propose alternatives
- Listen to the individual and agree with their position whenever possible
  - Agree when possible, agree to “politely” disagree on certain points

Ten Domains of De-escalation

Domain 5: Identify Wants and Feelings

- Examples:
  - Vent to an empathic listener
  - Request for something
  - An intervention - help with something
- “How can I help”
- “Even if I can’t provide it, I would like to know so we can work on it”

Ten Domains of De-escalation

Domain 6: Listen Closely to What the Individual is Saying

- Use Active listening
  - Open ended questions
  - Reflect
  - “Tell me if I have this right…”

Ten Domains of De-escalation

Domain 7: Agree or Agree to Disagree

- Fogging - an empathic behavior in which one finds something about the individual's position they can agree with
  - Agree with the truth
  - Agreeing in principle
- Agree as much as possible
- If cannot find a way to honestly agree with the individual, agree to disagree
  - Polite disagreement!

Ten Domains of De-escalation

Domain 8: Set Clear Limits

- Establish basic working conditions
  - Communicate them as matter-of-fact not a threat
- Set limits demonstrating your intent and desire to be of help, but not to be abused by the individual
  - If you are uncomfortable this much be acknowledged
  - Good “working conditions” require both the individual and the staff to treat each other with respect
- Coach the individual in how to stay in control
  - Gentle confrontation with instructions, “can you take some breaths with me?”

Ten Domains of De-escalation

Domain 9: Offer Choices and Optimism

- Choice can be a powerful tool
- Be assertive and quickly propose alternatives to violence
- Offer things that can be perceived as acts of kindness
  - Blankets, magazines, food, etc.
  - Can stall aggressive behaviors
  - Must be realistic - Don’t deceive!
- “What helps you at times like this?”
- “It’s important for you to be calm in order for us to be able to talk. How can that be accomplished?”
- Be optimistic in a genuine way
  - Things will improve
  - Will be safe and regain control
  - Realistic time frames for solving a problem
  - Agree to help them solve a problem

Ten Domains of De-escalation

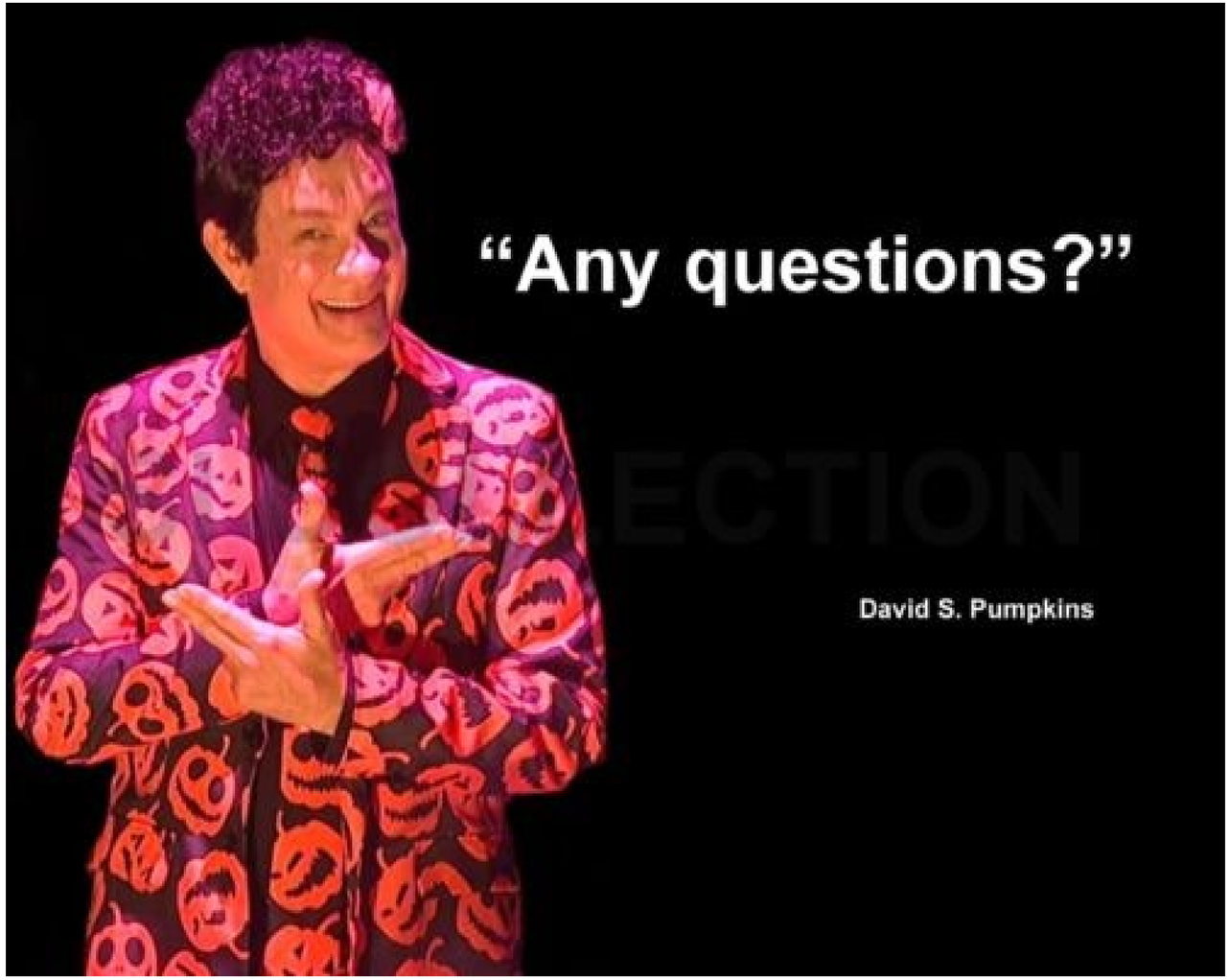
Domain 10: Debrief Individual and Staff

- Explain why the intervention was necessary
- Explore alternatives for managing aggression if they were to get agitated again
- Teach how to request a time out and how to appropriately express their anger
- Staff should feel free to suggest both what went well and what did not
- Staff should recommend improvements for the next episode

Additional Considerations

Patient remains at risk or suicidal ideation is present

- Getting patient to higher level of safety and care becomes focus
  - Contact mobile crisis or appropriate law enforcement
  - Safety plan in the short term
    - Suicide Hotline Contact Information: Dial 988


“Any questions?”
David S. Pumpkins