

De-escalation and Personal Safety

A guide for individuals facing
challenging situations

What are the behavioral situations you find most challenging?

- Managing situations with agitated individuals
- Managing situations when someone is demanding
- Managing situations when someone is making threats (either “hot” or “cold” threats)
- Managing situations that may pose a risk to someone’s physical safety (including yours)
- Managing situations when someone may be crossing a professional boundary

4 forms of Safety

- Physical – *the body stays intact*
- Psychological – *emotional well-being is supported*
- Social – *individuals feel safe with one another*
- Moral – *we are maintaining our safety relative to our values (integrity, respect, dignity, etc.)*

(from Sandra Bloom – sanctuaryweb.com)

3 Elements of your Preparedness

- **Mental/Emotional Preparedness**
- **Verbal Preparedness**
- **Physical/Environmental Preparedness**

Mental/Emotional Preparedness

- Being careful to “not take things personally” when the emotional or behavioral state of the other is upset
- Being mindful:
 - Am I ready for this interaction?
 - What can help me get ready?
 - I wish to neither over-respond or under-respond
- “Staying present” to the most important issue to address:
 - Where do I begin?
 - What do I focus on first?

Verbal Preparedness

- What do I say? What might help?
- Do I sound supportive? {What does “sounding supportive” entail?}
- Do I hear myself?
 - What do I notice about my tone of voice, my rhythm of speech and my volume?
 - What words am I using? Could I choose different words?

Physical/Environmental Preparedness

- Use my radar
 - Am I in a safe environment? If not, how could I get into a safer area?
 - What does my body language say? Is it calming or is it triggering?
- If I am in someone else's "personal bubble" or they are in mine, how do I move and/or communicate the desire for more personal space?

Do you know about Mirror Neurons?

- The neuron mirrors the behavior of the other, as though the observer were itself acting
- When facing a crisis, do we want to be led by others (mirroring someone in crisis)?
- Check out youtube: Mirror Neurons, PBS Nova for an informative 14 minute video



Threat Alarm

- “When people are terrorized, the smartest parts of our brain tend to shut down....” (Bruce Perry, MD, PhD).
- Instead of the cortex/neo-cortex (aka, the “thinking part” of the brain) being activated, the blood often rushes within 1/100th of a millisecond to the Amygdala (deep in the temporal lobe)
- Amygdala – related to basic fear response: Fight, Flight or Freeze responses

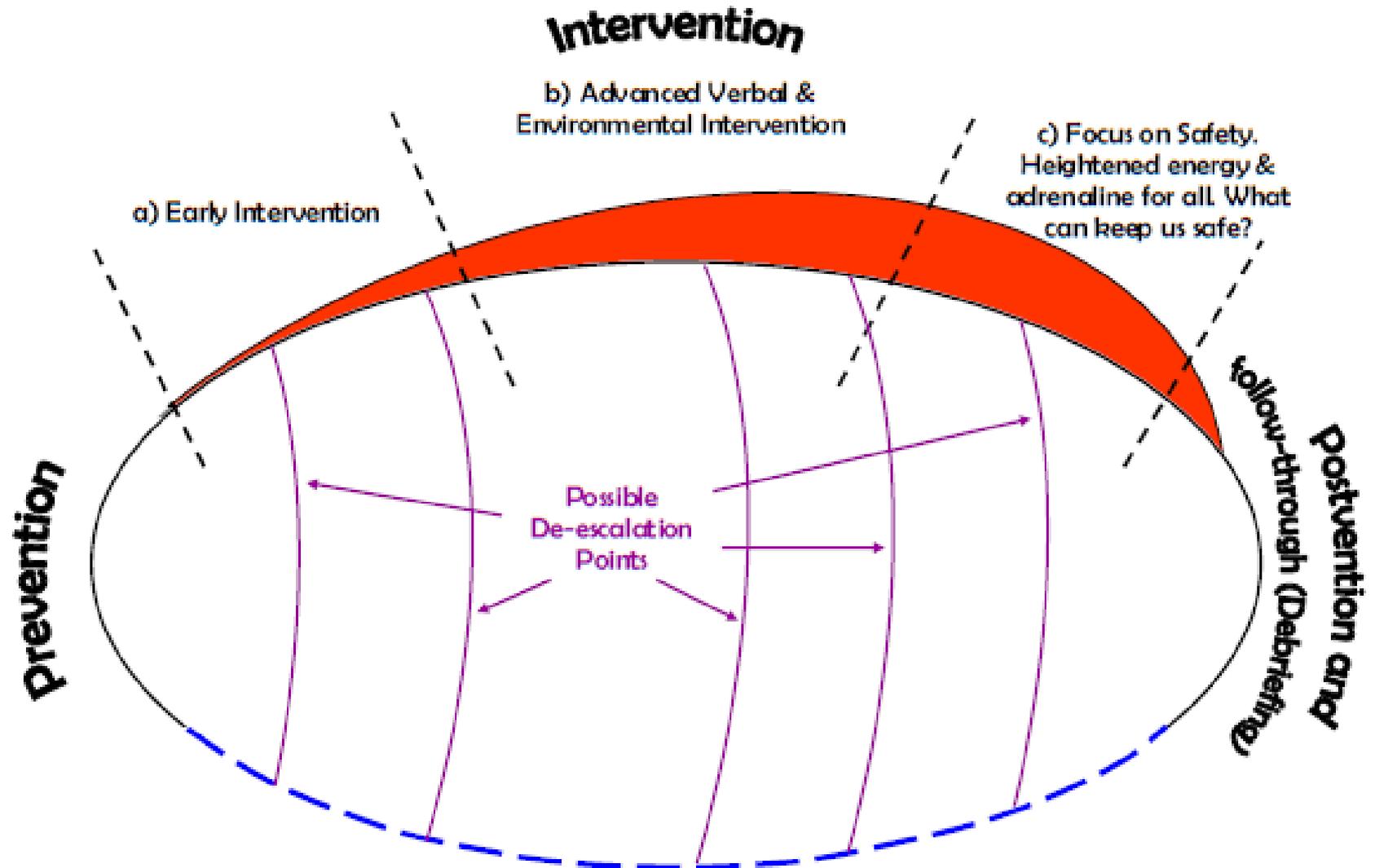
Threat Alarm

- Do you know what it “looks like,” “sounds like” or “feels like” for you when your threat alarm goes off?
- What cues does your body give to you?
- Where do you feel your stress physically on your body?
- What other signs do you get that your Threat Alarm is going off?

Going deeper: Documentation

- When you become aware of the threat, what do you do? This understanding of action-reaction will help you with documentation. Documenting the threat is a start, but one should also document their response.
- Similarly, are you using the 3 key letters of good behavioral documentation? AEB = As evidenced by.... This invites one to give details where general terms like “agitated” or “hostile” or “demanding” only begin to name the concern.

Spectrum of Escalation



Prevention – Personal space

- Be aware of physical spacing & the physical environment around you.
- If you need space, can you initiate it by modelling what you want? E.g., “I am stepping back, can you please step back too?”



Prevention/Early Intervention – Getting help

- Are we getting help? Can others assist us?
- If we are alone, can we move towards a safer area where others may be able to help us?
- Do we have any terms to use to indicate that a situation is (or may be) unfolding? What language can teams use to neither over- nor under-respond to the situation?

Prevention/Early Intervention: Setting Expectations

- When possible, I encourage people to attempt to “set expectations” for an interaction as early as possible. Of note, please attempt to set the expectations of:
 - Your behavior (what should the other person expect from you)
 - Their behavior (given the situation, is there any way you can “help set another person up for success by letting them know what to expect”)

Prevention – Self-Care

- Are there regular (daily, weekly) practices that help you prepare for the potentially stressful situations that can surprise us?
- What are your “self-care” practices, in general? Can they be applied throughout your day or week?
 - Individually
 - As a group or team

Intervention – Verbal approaches

- What are your “supportive” verbal approaches to a situation?
 - Am I validating the person? Tip: when in doubt, validate someone’s feelings more than problematic thoughts or behaviors
 - Am I offering choices?
 - Am I being sure to go slow and be a concise speaker? (“The Rule of 5” – 5 words or short, 5-letter words – are heard more easily when the person is upset)
 - Am I able to “name” behavior, minus judgment?
 - Am I attempting to help us find a point of agreement?
 - Am I attempting to maintain verbal control & composure?

Intervention – Listening skills

- Give undivided attention
- Use summary statements or reiteration
- Be aware of non-verbal cuing
 - Leaning in or away
 - Facial expressions
 - Head nods
- Be an effective “conduit” or “messenger” if you need to communicate with others what you’ve been told. Take notes ASAP.

Intervention: Maintain Composure

- Remember the Amygdala: Your brain/body wants to go fast (to avoid or move away from a potential threat) but you want to Slow Down so that you maintain a calm presence and awareness
- This can be challenging! What helps you hear yourself and stay self-aware?
 - Taking a breath
 - Pausing slightly before speaking
 - Summarizing content

Intervention: Word Choices

- Certain word choices are important when de-escalating a situation. For example, I tend to
 - Avoid using the word “consequences” and instead lean toward using the word “outcomes”
 - Avoid asking “Why?” questions (at least initially) and lean towards asking “What,” “How,” “When,” “Where” questions
 - What are other examples that you can think of ...

Intervention: Word choices

Words/phrases to avoid

- Consequences
- Why?
- Yes, but ...
- You're wrong
- You're making me feel...
- That's not fair

Words/phrases to use

- Outcomes
- What happened? When did things change?
- Yes, and ...
- My experience has been ...
I see this differently ...
- I feel ...
I get (upset/confused) when...
- Let's try to find a solution that is fair for all ...

Intervention: Helpful phrases

- “Please tell me more...”
- “I take you seriously”
- “I take what you are saying seriously”
- “I want to help.”
- “I want to help, and it might be best for us to get _____ involved as well.”
- “I hear you.”
- “What’s the first thing (most important thing) you’d like addressed?”

Advanced intervention notes

- An “advanced intervention” often involves staff confidently developing a reasonable plan for managing a repetitive or extremely challenging situation.
- It is recommended that, when possible, the use of a team (more than 1 person) to identify and develop a plan is best.
- That said, when a situation is escalating it is best to use “one voice” to communicate with an agitated individual.

Advanced intervention notes

- If dealing with multiple agitated people, if possible, it is recommended to create “separation” of the agitated parties. De-escalation is likely more successful if a “triggering” stimuli is removed.
- When physical safety is at-risk, call for help. Call 911 as needed (please note, if there is a behavioral emergency, please let 911 dispatchers know you’d like “CIT” – Crisis Intervention Trained – police officers responding to the situation.

Advanced Intervention notes

- Remember the Amygdala is activated when one's threat alarm is triggered. Please be careful not to "fight back" (fleeing is ok, as long as you are not leaving someone vulnerable). "Freezing" can be very dangerous too.
- If you are trained in non-violent physical defense, you may need to use this. If you want this sort of training but do not yet have it, please talk to this facilitator and your agency leadership or direct supervisor about training options available.

Post-intervention practices

- Even after the agitated or hostile stimuli is removed, the situation is not completely over.
- Our bodies & brains are still stimulated (cortisol and norepinephrine are still present within us).
- It is important to make sense of what happened, seek support and communicate about any wants/needs moving forward.

Post-intervention: Debriefing

- Debriefing is meant to be a learning opportunity for those involved.
- It is not a therapy session.
- It is not an opportunity to focus blame on others.
- There is no research to indicate that there is a “golden time” to debrief. It can happen hours, days, even weeks later and still be effective.

Post-intervention: Debriefing

4 key questions to ask in a debriefing:

- What happened?
- What went well?
- What could have gone better or differently?
- What needs to happen moving forward (may be different depending on those affected: staff, clients, families, the community)

What questions do you have?

- What situational examples might you want to ask about?
- Are there any uncertainties you have?
- Is there any “grey area” situations you want to discuss or role-play further?

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