

SASKATCHEWAN ASSOCIATION FOR

SAFE WORKPLACES

IN HEALTH

De-escalation Verbal Crisis Intervention Education Session

Participant Handout

excerpts from SASWH's Professional Assault Response Training (PART®) program©



Risk Assessment

When hazards are identified you then assess risk(s). Risks are then eliminated or managed. The areas to assess include: self - environment - individual.

Think about:

- what can I do to eliminate/manage the risks? e.g., do I need to be more aware of changing my behaviour, approach, attitude?
- what do I need help with to eliminate/manage the risks? e.g., do I need assistance to increase my mobility, education?
- who do I need help from to eliminate/manage the risks? e.g., co-workers, supervisor?

Professionalism

Key Questions:

What are your reasons for choosing to work in the field or job you are in? Are you professional in your dealings with others?

Mood refers to a feeling state.

Mood affects performance.

What causes your moods?

Attitude: is a habit of thought. For the purposes of this course, attitude means a habitual way of thinking about others. Attitude is not something that happens to you, it is something you choose.

Attitude affects performance.

Being in a bad mood is no excuse for a poor attitude toward others.

Motivation: is why you do what you do.

Motivation affects performance.

Preparation

Key Questions:

- Am I physically and mentally prepared to work?
- Am I taking care of myself by making healthy choices, getting enough "good" sleep, staying alert and aware of myself, the environment and others?

a) **Attire:** Am I aware of how I am dressed (clothing, footwear, jewelry, other items) and how that affects my ability to move/respond during an emergency? Why is this an important part of my self-assessment?

b) **Mobility:** Am I prepared to move quickly if and when I need to? What can I do to improve and maintain my ability to be mobile?

c) **Observation:** Do I have a well-developed observation strategy? Do I observe my surroundings and the individuals I interact with? When and where am I more observant - when and where am I less observant?

d) **Self-control:** Do I have an effective plan for self-control?

When you believe you are being threatened with physical injury, your body will prepare to reduce or eliminate the threat through physical combat or quick retreat. This is a normal reaction and is necessary for survival. The preparations your body makes are almost involuntary. They have been extensively studied, and are usually referred to as the "fight or flight" response.

Self-control plans vary widely. Listed here are the critical features of an effective plan:

1. **Self-assessment:** Taking a moment to check your own physical state.
2. **Knowing your limits:** Having a clear picture in your mind of how far you might go when you lose your temper.
3. **Regaining self-control:** Knowing how you feel and what you don't want to do is a good start. To be truly effective at self-control, you need to take specific steps to counteract the "fight or flight" response. For example, if you find that you breathe very rapidly when you are frightened, your self-control plan would include a conscious effort to breathe slowly and deeply. Another example would be if you were feeling like taking all privileges away from the individual who was assaulting you for the remainder of his/her life, your plan might include delaying consequences until you were completely calm.
4. **Restoration and healing:** Being threatened or assaulted creates emotional stress. Since emotional stress makes it more difficult for you to stay calm and controlled, it is important for you to plan methods for restoring your emotional balance after an assault. Talking with a trusted friend is one of the most common ways of beginning to restore emotional balance. Since we are each unique individuals, no one way of emotional restoration will work for every individual. It is important for you to understand what you can do to make yourself feel better after a stressful incident. Emotional balance is essential for good professional performance.

Self-control Activity

Self-assessment:

	Symptoms experienced when assaulted: Fight - Flight - Freeze	What to do to keep behaviour within acceptable limits Self-control Plan
Breathing		
Vision		
Heart		
Speech		
Thinking		
Perception		
Emotions		

Knowing Your Limits

If I failed to regain self-control and **over-reacted**, what would I be doing?

If I failed to regain self-control and **under-reacted**, what would I be doing?

What habits do I display under stress that might make this situation worse?

Identification

Key Question:

If an individual is displaying difficult or aggressive behaviors, can I identify why and adjust my responses accordingly?

Assault Cycle

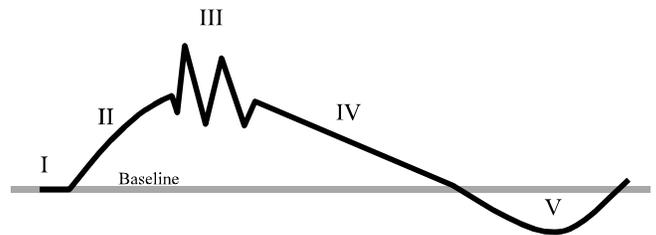
Phase I: The Triggering Event

Phase II: Escalation

Phase III: Crisis

Phase IV: Recovery

Phase V: Post-Crisis Depression



Communication



Withdrawal: Withdrawn forms of communication are non-verbal and include: stares, "dirty looks", gestures, isolation and self-destructive behaviours such as "cutting", drug overdoses, dangerous games, etc. Sometimes people cause others to avoid them through poor hygiene, grotesque appearance or muttering in angry tones.

Passivity: Passive forms of communication include: whining, expressions of feeling victimized, "poor me", blaming "you" messages, turning to others for problem solution, etc. An inability to say "no", even when saying "yes" may hurt, is also a hallmark of passivity.

Aggression: Aggressive forms of communication include: loud/angry blaming of others, yelling, name calling, hostile "you" messages, such as, "You'd better watch out." or "You'd better be careful or my buddies will come and get you."

Assault: Assaultive forms of communication are non-verbal and include hitting, kicking, throwing objects at people, etc.

Assertion: Assertive communication is the healthy, balance point between aggressive/assaultive patterns and withdrawn/passive patterns. Assertion is incompatible with communication at either end of the scale. Assertive communication includes: accepting responsibility rather than blaming or dumping hostility, using "I" messages, making and giving others choice, etc.

Since assertive behaviour is incompatible with assault, people who communicate assertively are not as likely to provoke or become involved in assault. Conversely, passive, whining, timid behaviour is likely to attract aggressors seeking to assault. Mutually aggressive communicators often move on to become physically assaultive.

By using assertive communication, staff automatically reduce the chances that an assault will occur. Intimidating aggressiveness or submissive passivity increase the chances that assault will occur by contributing to the imbalance in the communication pattern.

- 1. Fear:** people will fight (assault themselves or others) when they feel they are under assault or when they think that someone is going to take something away from them that is necessary for their basic well being.
- 2. Frustration:** people will assault and injure themselves or others, sometimes damaging property as a by-product, as an expression of a destructive rage caused by pent-up frustration.
- 3. Manipulation:** people will lose control of themselves, (or feign loss of control) becoming impulsive and violently explosive in an effort to manipulate others into giving them something.
- 4. Intimidation:** people will attempt to get what they want from others by calmly threatening physical injury, a common motive for much of the criminal assault portrayed in the media.

Fear and Frustration are "respondent" states, meaning that the person experiencing these motives feels out-of-control, threatened and vulnerable to injury in the environment. The goal of the behaviour is to reduce a feeling of being threatened. Your earlier work on the "fight" and "flight" states will be helpful in understanding these causes of assault.

Manipulation and Intimidation, on the other hand, are "operant" states, meaning that the person is attempting to control the environment. In other words, in these cases the assaultive person is attempting to "operate" on the immediate environment in order to cause others to become "responsive" and thus give in to their demand(s).

Respondent Behaviour		Operant Behaviour	
↓	↓	↓	↓
Fear	Frustration	Manipulation	Intimidation

Response

Key question:

When we are responding to a person who is trying to injure, will we be able to match our response to the level of injury threatened?

A. Crisis Intervention

Can we talk the individual into stopping the dangerous behaviour?

B. Evasion

If the individual won't stop, can we avoid harm by evading?

Principles of Crisis Intervention

The general principles of crisis intervention are:

1. Self Control

It is difficult, if not impossible, for a person without a well-developed plan for self-control to convince someone who is being impulsive and explosive to regain control.

2. Identification

It is essential to accurately identify visual and auditory signals that come before an assault. Failure to accurately identify these signals virtually insures the failure of a crisis intervention attempt.

3. Communication

When spoken communication is chosen it should be simple, direct and brief. Remembering and applying the "**rule of five**" will help in minimizing the use of speech during crisis intervention. The **Rule of Five**: During crisis intervention, sentences should be limited to no more than five words, and the words used should be limited to five letters or less.

4. Timing

Crisis intervention techniques are appropriate shortly before, during and shortly after the crisis phase of the stress cycle. If they are used at other times they not only lose their effectiveness at times when they are most needed, but they are likely to unnecessarily provoke an assaultive incident. The timing of particular kinds of communication should be matched to the particular phase in the assault cycle.

5. Patience

The crisis will pass, even if crisis intervention techniques are not successful. Retreating in panic or becoming unnecessarily punitive because the techniques are not immediately successful can result in avoidable future consequences.

6. Spontaneity

Each assault is unique, and may require some elaboration or modification of basic response guidelines. The cause of an assault may change as the incident progresses (e.g. manipulation to frustration or frustration to fear) requiring a switch in techniques.

Reasonable Force

When responding to an assaultive incident, staff members are expected to protect themselves from injury but are limited to using "reasonable force". A reasonable amount of force is just enough force for effective self-protection, and no more than is absolutely necessary. This means that the staff members do not use any more force to protect themselves from the individual than the individual is threatening or using against them. Professionals in a treatment setting do not resort to the use of traditional self-defence techniques. As professionals we are obligated to protect not only ourselves, but others from any avoidable injury.

Guidelines for Reasonable Force

1. When the observed behaviour constitutes **common assault**, the reasonable force permissible is nil. Crisis intervention and other communication techniques should be sufficient.
2. When the observed behaviour constitutes **assault causing bodily harm**, the reasonable force permissible is evasion.
3. When the observed behaviour constitutes **aggravated assault**, the reasonable force permissible is restraint.

Timing of Staff Response

When staff members are assigned to respond to an assaultive incident they must choose a response technique that is appropriate to the particular phase of the assault cycle during which they are intervening. Poor timing can easily ruin a well-intended intervention. These are the guidelines for interventions:

1. During the **triggering phase**, response techniques that focus on expectations for self-control are appropriate. These expectations should be stated briefly and simply, and should be consistent with the treatment plan. The "trigger" will occur when the person is at "baseline" (i.e. their normal state), meaning that their hearing is still intact, their impulse control is fairly good, etc. For this reason making an attempt to talk the person out of a dangerous response is likely to work. Diversion and distraction may be helpful as well.
2. During the **escalation phase**, crisis communication is the appropriate intervention. Crisis communication is simple, direct, and brief. The style of this communication should match the demonstrated "motive" for assault (i.e. fear, frustration, manipulation, or intimidation).
3. During the **crisis phase**, crisis communication continues. In addition to crisis communication, evasion or restraint may be required, in keeping with reasonable force guidelines.
4. During the **recovery phase**, crisis communication should be maintained to insure that the assaultive person does not re-escalate. This is **not** the time for discussing consequences or engaging in lengthy conversation; doing so might re-ignite the energy for assault. For many individuals, voluntary self-isolation is helpful in the recovery.
5. During **post crisis depression** more verbally engaging techniques can be employed since the individual is now "spent". Active listening and unconditional positive regard are useful at this time. It is important to determine the source of the loss of control and to allow expression of feelings with the danger past. This is not the time for consequating the behaviour or determining blame. Close supervision may be required at this time if the person is at risk for suicidal thoughts or for running away. Restraint is no longer necessary during this phase. Neglecting a restrained individual during this phase is punitive. Continued restraint may serve to trigger another episode. Return to the treatment plan is appropriate at the end of this phase.

Common Knowledge

Common Motives	Signs of Impending Aggression			Approach
	Visual	Auditory	History	
Fear				Threat Reduction
irrational need to escape, defend against or eliminate a perceived threat	posture - tense, prepared to defend, hide or run away skin color - pale or ashen (dependent upon natural skin tones) facial - wide-eyed or fearful	voice quality - whining, pleading breathing - rapid, shallow, irregular	personal history - withdrawal and victimization - aggressive outbursts	<i>Assumption</i> - communication patterns that reduce perceived threat will reduce probability of assault
Frustration				Control
irrational need to express frustration in a physically destructive manner	posture - tense, prepared to assault skin color - tones of purple or red (dependent upon natural skin tones) facial - expressing destructive urge	voice quality - menacing, aggressive breathing - loud, deep, long breaths	personal history - low frustration tolerance - impulsive assault and battery	<i>Assumption</i> - patterns of communication that demonstrate control contribute to restoration of control in individuals
Manipulation				Detachment
impulsive attempt to obtain something in exchange for not losing emotional control and doing something dangerous	difficult to interpret at any particular moment	definite change - confusing demands, whining voice, words of "poor me" (pitiable) victim; accusations, comparisons and trivia in more aggression tones; threats and finally attempt to assault	interpersonal history - losing control - attaching physically when deprived or oppressed	<i>Assumption</i> - communication patterns that indicate refusal to become involved in manipulation will decrease likelihood person will see a gain
Intimidation				Consequence
calculated attempt to obtain something in exchange for physical safety or freedom from threat of injury	basically neutral or unremarkable	voice quality - menacing, threatening words and posture. Definite pattern - clear and strong demand, believable threat. final refusal to comply than attempt to injure	personal history - bullying - extortion - other criminal assault	<i>Assumption</i> - clear communication of consequences is likely to reduce probability that situation will escalate to battery

Flowsheet

Techniques						
Posture	Gesture	Position	Voice Quality	Speech Content	Eye Contact	Physical
Threat Reduction						
relaxed and open, hands in full view	slow, palms up	off to side; 8-10' away, at or below eye level, NOT directly in front or behind	firm, reassuring, confident	logical; encouraging calm reflection; promising to help if possible, but not promising something that is not possible	if the frightened person seems to seek eye contact, it should be given freely. If the frightened person tries to avoid eye contact, it should not be forced on them	when this method of communication is used, it should be handled with a light touch and slow movements
Control						
commanding imposing	forceful and commanding, pointing, palms out or down	directly in front just outside striking range	quiet, forceful, commanding in tones low enough to make the person strain to hear	repetitive, confident commands without threat	direct and accompanied by facial expressions that indicate a final command is being given	if required, to prevent escalating from assault to assault causing bodily harm, it should be made firmly and forcefully but without the excessive movement or pain that would indicate loss of control
Detachment						
closed relaxed	idiosyncratic gestures of disapproval or mild irritation	close enough to physically intervene but far enough away to show non-involvement (4-5 feet)	detached, mechanical, slightly bored	quiet, repetitive, "broken record" commands to sit and calm down	avoid eye contact by looking at the hairline, chin, shoulders, etc.	handle the manipulating person by the clothing, avoiding direct contact with the flesh if possible
Consequation						
poised and ready to move or react quickly, but not so defensive as to give the impression of fear	few and far between to avoid the impression of momentary un-readiness or weakness	a position of the greatest relative defensive advantage should be sought - e.g., standing with a chair, table or desk between you and the intimidating person	matter of fact; monotone; emotionless; avoid screaming, shouting or threatening tones	clear and direct statements of consequences, repeated as often as necessary	should be sparingly to emphasize a statement	complete as quickly, smoothly and matter-of-factly as possible, as if a minor inconvenience

Recording

Key question:

Do my reports accurately reflect the assaultive incident and staff interventions?

Properly written reports can also protect professionals and their agencies from misrepresentation of staff performance during an assaultive incident.

In addition to these six components, complete incident reports also contain information about injuries, notification and follow-up.

1. **Who:** Accurate identification of all of the people directly involved in the incident.
2. **Where:** An exact or adequate description of the location of the incident.
3. **When:** The time(s) or time frames and date of the incident. Avoid generalizations such as Monday morning, after dinner, etc.
4. **What:** An accurate description (not interpretation) of what happened during the incident. This is the time to list the staff interventions used in order from least to most restrictive.
5. **How:** A description of how the individual carried out the assault and how the staff intervened. This is the time to document the "hierarchy of interventions".
6. **Why:** Identify the visual, auditory and historical signs of impending assault that might explain the motive for the assault. If the signs were not clear or were not observed, write down what you are sure of, do not try to guess why the incident happened. Also explain why the staff chose to intervene as they did and explain why less restrictive interventions did not work.
7. **Injuries:** Statement of visible injuries or a statement attesting to the absence of injuries.
8. **Notification:** A statement of who was notified of the incident: physicians, parents, supervisors, social workers, etc.
9. **Follow-up:** Identification of either a requirement for further action or follow up or a voluntary plan for follow up. This is the section to show that you are concerned about the incident, and do not simply accept it as inevitable.
10. **Simplicity:** A report stated in common, ordinary language and limited to what has been directly sensed rather than inferred.

Remember

- *If it isn't in writing, it didn't happen.*
- *If it is written incorrectly, it happened the way you wrote it.*
- *Keep your language simple, short and jargon free.*