De-escalation Techniques for Agitated and Potentially Violent People

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Statistics (because everyone loves them)
- Workplace violence is one of the most complex and dangerous occupational hazards facing nurses and those in health care...
- The health care sector continues to lead all other industry sectors in incidence of nonfatal workplace assaults or injury
- World Health organization estimates that 38 Percent of Health care workers around the globe suffer physical violence at some point in their career.

Statistics, Continue
- ANA reports that 1 in 4 nurses has been assaulted at work.
- Top 5 areas of health care for injury or assault are
  - Mental Health hospitals (state facilities),
  - Emergency rooms
  - ICU and Critical care,
  - Nursing homes
  - Home Health care agencies
What are the objectives to learn today

- How our behaviors, actions and attitudes impact the situations with patients in crisis
- The escalation of agitation and when to intervene with different approaches by preventing injury
- Assessing, planning and training for a bad situation

Violence

Type I (Criminal Intent): Results while a criminal activity (e.g., robbery) is being committed and the perpetrator has no legitimate relationship to the workplace.

Type II (Customer/Client): The perpetrator is a customer or client at the workplace (e.g., health care patient) and becomes violent while being served by the worker.

Type III (Worker-on-Worker): Employees or past employees of the workplace are the perpetrators.

Type IV (Personal Relationship): The perpetrator usually has a personal relationship with an employee (e.g., domestic violence in the workplace).

Questions

- What does your present program or training look like at your facility?
  - Formally both De-escalation and physical interventions
  - Annually
  - Video or hands on
  - Debrief after incidents
De-escalation

- Approaching and de-escalating patients and clients is dependent on our reactions and behaviors as much as the patient’s.

- Is something that requires training, skills, and the caregivers and staff attitude and understanding of mental illness and people with agitation and past trauma.

About a Patient

- Staff’s knowledge is good and sometimes bad

- Every situation is different (patients who have never been violent can be violent)

- Every situation should be reviewed by management

De-escalation

- The goal of de-escalation is to prevent the situation from becoming a physical altercation, to relieve the agitation and to keep everyone safe

- Involves the ability to control our own reactions, our own bias, our own feelings.

- Using a skill set to accomplish this
Progression to Violence

- Watch for:
  - Anxiety
  - Early Agitation/Anger
  - Severe Agitation/ Anger
  - Violence!

Agitated Behavior

- ANYONE can become agitated
- Has many causes that vary from person to person
- May be directly related to a:
  -- physical illness
  -- mental illness
  -- psychosocial issue
- Can be very challenging to deal with!

Understanding the cause and the why of agitation

- Helps with better insight and Empathy
- Will help you determine what to do
- Is not always what you think it is—dig deep
- Make sure you have clear and accurate facts about a patient or the situation.
Psychosocial Factors that impact patient’s coping ability
- History of violence
- History of rape, sexual assault
- Abuse (Past or Present)
- Military history-PTSD
- Trauma past of any kind

Psychosocial Factors
- Loss of job, house, finances
- Loss of family
- Antagonistic relationship
- Dysfunctional family
- Recent personal tragedy/loss
- Basic needs threatened
- Feeling “cornered”
- Loneliness

Psychosocial Factors
- Feeling violated
  -- Touched
  -- In “personal space”
  -- Condescended
  -- Put down
- Stress
- Lack of sleep-Hospitalizations
- ETOH use/abuse and drug use
### Physical Illness/ causes of agitation

- Most common medical causes of agitation:
  - Urinary tract infection
  - Delirium
  - Previous head injury
  - Electrolyte or vitamin imbalance
  - Dementia/Alzheimer’s
  - Hypoglycemia (low blood sugar)
  - Diabetic ketoacidosis

### Physical Illness (con’t)

- Medications- compazine, antibiotics, medications and the elderly
- CVA
- Brain tumor
- Liver failure
- Infections (late syphilis, AIDS)
- Fever
- Low cardiac output
- Post anoxic state
- Alcohol/Drug withdrawal

### Physical Illness (con’t)

- Less common medical causes:
  - Thyrotoxicosis
  - Hypertensive Encephalopathy, Wernicke’s Encephalopathy
  - Huntington’s Chorea
  - Heavy metal poisoning/Bromide poisoning
Mental Illness

- Bipolar Disorder - psychosis, mania
- Personality Disorder
- Schizophrenia - delusions (paranoia), delusions of persecution or grandeur - command hallucinations
- Schizoaffective Disorder (bipolar type, depressive type)
- Intermittent Explosive Disorder
- ADHD
- Impulse Control Disorder

Side Note

- Don’t assume that an agitated person with a Mental Health history is agitated due to his/her mental health condition.
- The person needs to be assessed for an underlying medical reason.
- Remember, an early sign of illness is a mental status change, especially in the elderly.

How we can cause agitation

- Behaviors and attitudes that can cause agitation:
  - FEAR - Our own fear or lack of understanding
  - Apathy
  - Biases - Knowledge can be dangerous if it is not reliable
  - Anger and frustration with the situation or patient
  - Disgust
  - Ignoring the person or faking attention
  - Body language
  - Argumentative
  - Insensitivity to cultural practices
  - Inconsistency
Aspects of De-escalation

- Respect personal space - goes both ways, touching an agitated person may be a bad idea.
- Do not be provocative, use pet names, be respectful regardless of person’s demeanor
- Establish verbal contact
- Be concise but don’t make promises!
- Identify *wants and feelings*
- Listen closely to what the person is saying
- Agree or agree to disagree
- Lay down the law and set clear limits
- Offer choices and optimism
- Debrief the person, other people involved.

How our Behaviors both non-verbal and verbal affect someone

- Non verbal
  - Personal space (exercise with volunteers)
  - Body posture and motion
- Verbal
  - Tone of our voice
  - Volume of our voice
  - Cadence of our voice (fast or slow)

Assessing the situation

- What is the person doing?
- How are they acting?
- What is the person saying?
- How are they saying it?
- What is their body language?
- What is their facial expression?
- Who else is involved?
Anxiety

Anxiety often precipitates agitation
-- Unfamiliar situation, setting or person
e.g. new room, new environment, new roommate, new staff
-- Pending surgery
-- Newly diagnosed illness or problem
-- Ill family member or recent death of a someone close
-- PTSD
-- Getting bad news

Interventions for Anxiety

✓ Reduce stimulation – sounds, lights, activity around them
✓ Approach the person from the side, and in a non-threatening manner when at all possible
✓ Offer short explanations of your interaction -- Anxious individuals can’t process a lot of information at once. Short repeated answers.
✓ Be consoling and compassionate

About Communication

✓ Assume they are listening and slowly processing what is going on inside their head and in the room.
  – Allow 11 sec between what you say.
  – They have to reset and start processing words all over again each time someone says something even if it is the same sentence.
✓ Use sentences of 5 words or less
✓ Use ‘reverse yelling’ (talk quieter)
Reduce Arousal / Anxiety: ‘here and now’

- “Before we go any further, let’s take a minute to just take a few breathes. Let’s do it together.”

- “Let’s take 3 deep breaths like this”;
  - Breathe in (count 4), hold (count 4), blow it out (Count 4), repeat.
  - “It’s ok to make a sound as you breathe in and blow the air out”

- Repeat 3-4 times.

If the Person Seem ‘Frozen’

- You will do the same things as for high anxiety – only don’t expect them to answer right away

- Be sure to
  - Use their name
  - Tell them you are there with them, you won’t leave them.
  - Ask them to do some of the physical activities, e.g. breathe, clench fits
  - Don’t leave the person alone

- Wait quietly

Specific Questions to Ask:

- Does the person need something (e.g., are they thirsty, cold, hot, hungry?)

- Has this ever happened to the person before?
  - If yes, what helped?
  - Do they have a medication that helps?

- Is there a person you can contact who helps?
-Is there something they do that has helped, e.g. deep breathing, distraction, petting their dog?
-Is the person taking medication? When did the person last take his or her medication?
-Is the person receiving services or care from a clinic/doctor?
-Where is the person receiving care/services?
-Is there a crisis plan on file with the county

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**Building Trust and Rapport**

- Be genuine, open, honest and consistent.
- Use “I” statements – take responsibility for what is happening. Explain what you are trying to do, why:
  - “I am trying to make sure that you are safe and that you get the help that you need”
  - “I’m concerned that you will …. “
  - “I would like to …. because....”

Use ‘and’ instead of ‘but’ and use ‘please’ and ‘thank you’ often

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**Building Trust and Rapport – cont.**

- Avoid the temptation to interact in a way that ultimately may violate trust
  - Examples: don’t make a promise you can’t keep, bargain or make a deal you can’t keep
    - “I’m not going to…”
    - “You won’t be put in the hospital.”
    - “You won’t go to jail”
- Stay in the ‘here and now’ - defer long term questions
  - If they are wandering in conversation, bring it back to the situation at hand
    - e.g. what is it they need, why are they in the store/library, do they hurt, are they having pain, where is the pain
Examples of What to Say:

- **Paraphrase** – super important
  - “Okay, let me make sure I understand you. You’ve told me that people are bothering you and that your case manager is not helping you. That your meds are hurting you because they make you feel sick. Did I understand you correctly?”
  - Person: “I don’t know what I am going to do. My family doesn’t want me here.”
  - RESPONSE: “You’re not sure where you can stay for awhile, but home doesn’t seem like the best place right now.”
  - If you ask questions, focus on ‘what’, ‘how’ - and the ‘here and now’
    - Avoid ‘why’
    - Instead: “Can you tell me more about that?”

Empower Through Choice

- Empower the person to choose
  - Try to offer choices – only 1 or 2.
  - Examples:
    - Would you like to sit here or there?
    - Do you want help to lie down or can you do it yourself?
    - I need to take your blood pressure, would you prefer your right or left arm?
  - If one approach doesn’t work, try another

Set Limits

- Explain exactly what behavior is inappropriate
- Explain why behavior is inappropriate
- Allow time to respond
- Enforce the consequences
Example – Set Limits

“It looks to me like you are pretty upset, and I want to help you. But I am afraid someone is going to get hurt by those stones you’re tossing. So I’d like you to stop tossing them and step up here on the curb so I can talk to you and try to understand what is going on with you today.”

Examples – Setting Limits

“Jack, I understand that you are upset and that you feel like no one is listening to you or doing enough to help you. But you and I need to let these people get back to work here, so we are going to have to get out of this waiting room. I’d like you to walk with me down the hallway to an empty room so you and I can talk.”

Early Signs of Agitation

- Talking quickly or suddenly getting quiet
- Talking to self
- Sweating
- Attitude
- Early anger

-- If an intervention is not done at this point, the person’s agitation may escalate
Interventions for Early Agitation

- Non-threatening communication
  - Ask the person questions like:
    “Are you alright?”
    “Is there something bothering you?”
  - Make observations about the person:
    “You look angry”
    “You look upset”
  - Offer assistance:
    Ask, “What can we do to help you?” and follow through, or if you cannot help the person, try to find someone who can

- Pick your battles – Agree to disagree
- Meet reasonable requests

Other interventions
- Allow the person time to verbally vent
- Offer quiet time or a “time out”
- Ask the person what they need to remain in control of their emotions
- Other options – depending on your setting (e.g. jail, NH)
  - Offer diversionary activities—ask the person what they like to do to relax (music, reading, TV, visiting family/friends)
  - Offer and give medications

Interventions for Early Agitation

- Non-threatening body language
  - Stand at an angle towards the patient “Supportive Stance”
    - Allows you to stay out of their personal space—at least a leg’s length away (their leg, not yours)
    - Allows the person more room to move, which decreases their feeling of being “trapped”
    - Allows you room to lean back or back up should the person strike out and still maintain your balance
    - DO not touch someone who is agitated or take them on yourself. Call for help.
Interventions for Early Agitation

- Have your hand in plain view and have them open and at your sides
  - This prevents the person from fearing that you are going to harm them in some way
- In general, be as non-threatening as possible
- Assume that the person has a real concern and LISTEN

Interventions for Early Agitation

- When communicating with an agitated person:
  - Be firm, but kind
  - Set limits
  - Stay calm and do not yell
  - Do not threaten the person
  - Do not put them down
  - Do not laugh at the person
  - Do not challenge the patient
  - Do not tell them they are over-reacting or make assumptions about how they feel or should feel about the situation.
  - Do apologize if you did or said something that inadvertently upset the patient.

Interventions for Early Agitation

- By approaching the person in a non-threatening, caring manner, it communicates to the person that they are safe.
- It can often prevent them from escalating
- Preventing full-blown agitation is much easier than dealing with a highly agitated person.
What to do if ...
- The person seems to be hearing voices or is talking/having a conversation with ‘someone’ OR
- The person believes something is happening that you don’t see

How to respond
- Ask - Are you hearing people talking or voices? What are they saying? Are they telling them to do something?
- Avoid a discussion about what they are telling you details
- Do not try to explain it away or say that you see/hear it too.
- Speak to the emotions behind it
  - Listen for their words about their feelings about it
  - If they don’t tell you a feeling, what would be a reasonable emotion if it was happening?

Assessments and checklists
- The Broset Violence Checklist
- The DASA-IV Dynamic Appraisal of Situational aggression
- To monitor and reduce incidents of violence and aggression and to help develop a risk management plan in an inpatient setting.
- Pro and Cons

What if things escalate…..
- Should the person escalate to severe agitation, the same above principles apply.
- However, specific interventions are necessary to protect yourself and others.
Signs of Severe Agitation

- Yelling
- Cursing
- Name calling
- Posturing
- Pacing

-- Intervention is required at this point to prevent the person from becoming violent

Interventions for Severe Agitation

- If you feel the situation is escalating to severe agitation, call 911 – or have someone else call-know what calling the police will do! (dependent on environment)
- DO not take a person on yourself.
- Furniture can be replaced not a person
- Be careful with weapons or items being used as a weapon. Never bring attention to a weapon- your are not the police.
- Choke holds, hair pulls, entrapment.

Interventions for Severe Agitation

- Keep yourself safe:
  - Do not let yourself be cornered!
    - Always keep yourself between the agitated person and the door.
    - This gives you an escape route if necessary
  - Do not turn your back on a potentially violent person
    - Back out of the room if you leave
  - Never go “hands on” by yourself
Interventions for Severe Agitation

- Always protect other people
- Do not let others form a crowd
  - This can cause agitation to escalate
  - It can also cause others to become agitated or anxious
- Options:
  - Take the person away from the audience
  - If you can't do that – have someone take the audience away from the person (or you can ask them to 'move on' - leave the area)

Interventions for Severe Agitation

- Sometimes family members can be helpful in de-escalation
  - This can also be emotionally traumatic for some families, especially if this is not "normal" for their loved one

- Sometimes family members are the "cause" of the agitation

Signs of Violence

- Hitting
- Kicking
- Biting
- Spitting
- Punching
- Damaging property
Self protection: General Guidelines

- Always be aware of the following:
  - Bad lanyards that are not “break-away”
  - Long necklaces
  - Dangling earrings
  - Long hair—always pull back
  - Neck ties or stethoscopes around your neck
  - Make sure dress codes address these issues to keep staff safe
  - Safety during patient cares, baths, dressing etc.

Things that can be used as weapons:
- Scissors
- Pens/pencils
- Eating utensils (even plastic), plates, plate warmers, water pitchers
- Vases, anything glass or ceramic, pictures
- Furniture
- Belts, robe ties
- Tubing (IV, O2, etc.)
- Sheets, pillowcases, gowns
- Hemostats

Do a safe environment survey-Not just for psych facilities (pretty is sometimes not safe)

Patients with history of agitation or violence

- Have a plan individual for the patient that the team decides on.
- Work with the patient
- Work with support, family, crisis, police, doctors
- Make sure your staff know the plan and it’s followed.
- Revisit the plan frequently.
- Communicate with the patient frequently especially when they are doing well
A few moves

- Hair pull
- Choke hold
- Kicking

Staff Training

- Pick a training to provide to your staff.
- CPI, Vistelar, reach out to other facilities such as psychiatric hospitals etc (recommend it not be internal unless is train the trainer)
- Have a plan in place and communicate the plan to the staff-Have a system approach!
- Review incidents, ROOT cause, especially important to talk to the patient, debrief staff asap especially in situations of violence, EAP for staff
- Make sure you have staff buy in!!!!!
- HOW LOOSE IS YOUR FACILITY SECURITY

BE SAFE

- Resources
  - Vistelar training center
    - http://vistelar.com/
  - CPI Crisis prevention institute
    - tel:844.285.5790
  - Broset Violence assessments
    - http://riskassessment.no/
  - Safe Environment guide
    - https://www.patientsafety.va.gov/docs/joe/eps_mental_health_guide.pdf