

# **Positive Approaches De-escalation**

*2 Hours*

Presented by:



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# Disclaimer

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# Objectives

De-escalation skills and strategies enable caregivers to respond to a crisis situation in a way that protects the safety of everyone present and supports the individual involved by reducing the emotional stress to a level at which the person and caregivers can communicate and address the needs being expressed. The purpose of this training is to present information about the triggers and signs of escalation and provide effective de-escalation techniques caregivers can use before and during a crisis. The strategies focus on helping an individual return to a calm, less agitated state and ensuring the personal safety of all involved.

The objectives for this training module are for the participant to:

- identify triggers and signs of escalation
- recognize situations in which direct de-escalation is needed
- recall techniques and strategies to help a person de-escalate

# What Is a Crisis?

In 2012, the Washington State Department of Social and Health Services defined a crisis as, “A disruption or breakdown in a person’s or family’s normal or usual pattern of functioning” that “cannot be resolved by a person’s customary problem-solving resources/skills.”

When a person experiences a crisis, there is a change from how that person normally functions, or how that person expects others and/or the environment to function. This change is so powerful that it overwhelms the person's abilities to solve the problem or adapt to changes. *(Washington State Department of Social and Health Services, 2012).*

Not all changes negatively impact a person. Some individuals may do well in stressful or changing conditions. The point at which a situation becomes a crisis may be different for each person, but the result is the same – the individual can no longer find ways to effectively cope without assistance from others.

# What Is a Crisis? (continued)

Researcher Steven Fink offers a four-stage view of crisis situations:

1. **Prodromal** – cues or triggers alert others to an impending crisis (for example, an individual beginning to hum loudly and rock in response to noise may indicate that he is escalating to a crisis state).
2. **Acute** – the crisis situation is impacting the individual and others.
3. **Chronic** – the situation has subsided; the individual and others must "clean up", assess, and manage the effects of the crisis. This stage includes debriefing, where those involved in the crisis situation review what happened, what seemed to help, and what could be done differently to better manage such situations in the future.
4. **Resolution** – those involved return to regular routines and behaviors.

*(cited in Paraskevas, 2006)*

An understanding of how a crisis unfolds may guide caregivers to determine a general approach to a crisis that can be altered to each individual's needs.

# What Is De-escalation?

Even with knowledge of triggers, an awareness of the environment, and familiarity with the person, crises can still occur. De-escalation skills and strategies enable caregivers to respond to a crisis situation and meet the person's needs in a helpful and safe manner.

De-escalation can be defined as a process or "technique used during a potential crisis situation in an attempt to prevent a person from causing harm to us, themselves, or others" (*Johnson, 2011*). It is a measure to keep people safe – from others and from themselves.

Another definition of de-escalation goes a bit further by defining it as "reducing the level of anger/fear/intense emotion to allow for dialogue between individuals" (*Skolnik-Acker, n.d.*). The goals of de-escalation are to keep people safe and to help support those in need during times of extreme stress. In this vein, de-escalation aligns with the tenants of the positive approaches philosophy.

# De-escalation and Positive Approaches

To be effective, de-escalation must be an ongoing process; that is, caregivers need to continually look for and respond to the needs and wants of individuals to the best of their abilities. Outside of a crisis situation, the *Positive Approaches* model's cornerstones can help identify a person's needs and wants and how best to meet them.

- **Clinical Assessment** – Medical and psychiatric symptoms or conditions are addressed first, as they may contribute to challenging behaviors.
- **Environment** – A person's surroundings can impact behavior, especially if those surroundings do not meet the person's needs. For example, a person who is bothered by loud noise would likely prefer a quiet environment to one that is chaotic and noisy.
- **Communication** – Ineffective communication can provoke feelings of frustration, which can lead to challenging behaviors and eventually escalate a situation to crisis level.
- **Hanging In There** – Working through a crisis together helps build trust between the individual and the caregiver.

(APS, 2011)

# When To Use De-escalation

De-escalation tends to be viewed as something needed during a crisis. However, successful de-escalation is an on-going process. At its most effective, **de-escalation can preempt (anticipates and prevents) a crisis rather than defuse it.** Caregivers who remain aware of the environment, triggers, and any issues which may present additional stress, can use de-escalation strategies to prevent a situation from escalating to a crisis. An individual can assist in de-escalation by alerting caregivers when a situation is becoming overwhelming or too intense. Communication is essential. To avoid a crisis, both the caregivers and the individual must have a means to communicate when situations become stressful.

**De-escalation also must occur during a crisis.** When stress is at its peak, one's ability to cope can be weakened and additional assistance may be needed. It is this assistance that de-escalates the individual and keeps everyone safe. Responding to unmet needs and wants may help to minimize the impact of the crisis. This does not mean that the person will have those needs and wants met immediately or in the way that the person desires; instead, the person's needs and wants will be addressed and acknowledged in de-escalation, which can aid the individual's return to a state of calm.

## When To Use De-escalation (continued)

While de-escalation is a continuous process, there are specific situations that may require caregivers to use more direct de-escalation skills. Examples of those times include:

- **The person is afraid and/or feels threatened.** This may lead the person to want to escape the threat or defend oneself from it to stay safe and maintain a sense of control (*Fauteux, 2010*).
- **Denial of needs and/or wants can create frustration and anger** in an individual who is looking for a way to satisfy a desire or interest. Escalation may become a concern when the person believes that the need or want is being ignored or purposely denied (*Fauteux, 2010; APS, 2011*).
- **Conflicts and arguments can quickly escalate to a crisis level.** Even after the argument or conflict seems to have ended, the parties involved may have hurt feelings and/or anger that can contribute to a crisis.

## When To Use De-escalation (continued)

- **When a person faces unrealistic expectations**, stress and frustration are likely to increase. Behavior may escalate as the person tries to make it known that what is being asked or demanded is not possible or realistic.
- **If symptoms of a person's medical or psychiatric illness worsen**, the person may try to let others know about this through behaviors. Those behaviors may become challenging and escalate into a crisis if the communication is not understood by others *(APS,2011)*.



# Signs of Escalating Behavior

Aside from behavior becoming more challenging, there are observable signs that indicate an individual may be experiencing escalating behavior. Those signs can include:

- **Faster (or shallow) breathing**
- **Increasing volume (yelling, shouting, loud vocalizations)**
- **Stiff, rigid movements**
- **Quick movements**
- **Lack of eye contact**
- **Reddening in the face**

*(APS, 2011)*



# Escalation/Crisis: A Person's Experience

Understanding how a person experiences crisis and escalating behaviors allows caregivers to better connect with that individual during the situation.



A person in crisis will experience some form of **emotional distress**: fear and paranoid thinking, anger, shame, sadness, loneliness, and even humiliation (*BAMSI, 2011*). These emotions and thoughts can create a sense of threat or hopelessness in an individual.

Another set of feelings that a person may experience are powerlessness and a lack of control over the situation. Combined, these feelings can create a sense that the individual has *no say* in what happens, *no power* to change what is going on, and *no way* to protect him or herself other than engaging in escalating behaviors (*Fauteux, 2010*).

# Escalation/Crisis: A Person's Experience

(continued)

The individual may experience **physical symptoms** such as a rapid heartbeat, increased body heat and sweating, and an upset stomach. Individuals with intellectual and developmental disabilities may be more inclined to describe physical feelings when in crisis, as such symptoms are more concrete and easier to communicate. Also, the person may experience *tunnel vision*, in which the individual focuses on or 'sees' only what is directly in front of him or her, not noticing any details that do not seem important but instead focusing on perceived sources of threat.

A person in crisis may have a history of trauma or abuse that can result in **flashbacks** during stressful moments. If a person is experiencing flashbacks, caregivers should try to calmly re-orient the person to the present and reassure the individual that they will do all they can to maintain safety (BAMSI, 2011).

# De-escalation: Assessing the Situation

Effective use of de-escalation techniques begins with an assessment of the situation. Caregivers can observe what is happening in the moment, recognize triggers and signs of escalation, and make decisions about how to proceed.

**Be aware of the environment** (*Johnson, 2011*). Make note of any potentially harmful objects (anything that can be used as a weapon) in the person's vicinity. Allow others who are present the opportunity to leave the area, if possible, or ask if the individual in crisis is willing to move to a different area. Know where the exits are and plan a path of escape in case the situation becomes dangerous.

**Look for obvious triggers** that may be contributing to an escalation in behavior (*Johnson, 2011*). If the individual in crisis is identifying someone who he or she believes is a threat, ask that person to move to a different location if possible. If something in the room is offensive to the individual, determine if it can be removed safely, or ask if the individual would like to move away from it. Minimize chaos and commotion as much as possible. If the environment is calm, the individual may be better able to de-escalate.

# De-escalation: Assess the Situation

(continued)

**Observe what the person in crisis is doing** and how he or she is behaving (*Johnson, 2011*). The person's actions, words, and body language can provide valuable information to someone attempting to assist the de-escalation process. Observation of these factors should continue throughout the crisis, as the situation and the individual's responses to it may change and caregivers may have to adjust their approaches to fit the person's needs.

**Pay attention to what the person in crisis is saying** (*Johnson, 2011*). The person's words and nonverbal communication can give insight into his/her thought process and may provide important clues about what triggered the crisis and what the person believes is needed. It may help caregivers determine if there is an underlying mental health condition or a medical issue that needs attention.

# De-escalation: Three Key Elements

For de-escalation to be successful in helping a person, there are three key elements to keep in mind. These elements underlie the strategies outlined in this training and are essential to bringing a person back to his or her baseline.

1. **Self-control** means that caregivers helping the individual de-escalate are aware of their own thoughts, emotions, and strengths (*Johnson, 2011*). They know their limitations and can step back, if needed, to keep their actions and reactions at a manageable level. For instance, it is natural to be nervous and/or afraid in a crisis, but a person who is aware of and manages such feelings will be better able to directly interact with the person in crisis or perform non-direct activities, such as calling others to help or moving other individuals away from the crisis.



# De-escalation: Three Key Elements

(continued)

2. **Offering a supportive presence** is the second key element in successful de-escalation (*Johnson, 2011*). A caregiver who does this effectively will maintain a safe distance from the individual, will not make constant and direct eye contact (but will listen to and respond to the individual), and will frequently remind the individual that he or she is there to offer help and support (*Johnson, 2011; Skolnik-Acker, n.d.*). It may be helpful to mirror the person's body language. If the person is sitting, the caregiver should sit as well; if the person is standing, the caregiver should stand (*Skolnik-Acker, n.d.*). A relaxed stance can help the individual to relax, as he or she may see that the caregiver is confident that nothing bad will happen (*Johnson, 2011*).
3. The third key element is **de-escalating conversation**, which means interacting with the person in crisis in a calm, non-threatening, and non-judgmental manner (*Johnson, 2011; Skolnik-Acker, n.d.*). Speak in a low tone of voice, identify and empathize with feelings the person expresses, and firmly but gently set limits with the individual (*Johnson, 2011; Skolnik-Acker, n.d.*), e.g., "I want to help you feel better, but I can't do that if you try to hit me."

# Strategies: Proximity

Be aware of **proximity** to the individual in crisis. Caregivers should try to maintain a safe and reasonable distance between themselves and the person (*PMT Associates, n.d.*). Allowing approximately two arm-lengths is standard, but this can be adjusted based on the individual's preferences and response during the crisis (*CIT International, n.d.*). Try not to touch an individual in crisis while de-escalating (*CIT International, n.d.*). When a person is in a heightened state, touch may be interpreted as aggressive (*Skolnik-Acker, n.d.*). It may help to position barriers, such as sofas, tables, desks, or chairs, between the caregiver and the individual (*CIT International, n.d.*), and direct the individual away from paths to doors or hallways, keeping exits open in case the caregiver feels his or her personal safety is in danger (*Skolnik-Acker, n.d.*).

## **Strategies: Proximity** (continued)

While it is better to be farther away than too close to the individual in crisis situations (*PMT Associates, n.d.*), caregivers should remain close enough to be able to speak calmly, without shouting. Too large a distance between the individual and caregiver may result in the individual feeling isolated and feared rather than understood and supported.

To maintain personal safety, caregivers can angle their bodies when speaking with the individual (*Johnson, 2011*). This allows a caregiver more opportunity to avoid a direct attack if the situation escalates further, and provides a means for the caregiver to remain safe (*Skolnik-Acker, n.d.*).

## De-escalation Strategies: Pace

The strategy of **pace** incorporates the manner in which caregivers speak and move when interacting with the person. Speaking in a calm, slow manner can help reduce the person's level of anger, fear, or general distress (*CIT International, n.d.*). It encourages the individual to focus on what is being said, while at the same time conveying a non-verbal message that the caregiver means no harm and wants to offer assistance.

Quick, sudden movements by caregivers may be interpreted by a person in crisis as signs of aggression (*PMT Associates, n.d.*). Slow, relaxed speech and movements convey a sense of calm and safety for the individual that allows him or her to relax.

One factor to consider is the level of stress, fear, and anxiety experienced by the caregiver. Awareness of one's own reactions and feelings is important to the de-escalation process. An individual can pick up on subtle cues from others; if the caregiver's speech and movements suggest that others are afraid or anxious, the individual may think the threat is still present or that something else may happen (*Johnson, 2011*).

# Strategies: Purpose

A sense of **purpose** behind actions and words during a crisis situation can help an individual to regain a sense of calm (*PMT Associates, n.d.*). Be confident, focused, specific, and clear. Avoid making promises that are not realistic; offer only what can be delivered.

Caregivers can share observations and impressions to clarify with the person what is happening in the moment and explain what is being done to keep the person safe. For example, a caregiver may say to the individual, "I know Leo scared you, but he's not here now. He can't hurt you." Clarification helps reassure the individual that his or her safety is the primary concern.

Work with the individual to set achievable goals focused on what is within his or her control. For instance, a goal may be to resist throwing something in anger for a set amount of time. A goal can provide a sense of purpose for the individual, as well. Once the goal is achieved, caregivers can offer praise and further reassurance to the individual that the situation will be okay.

## Strategies: Purpose (continued)

### Words of Caution:

When a person is in crisis, communication may become very literal.  
***What the person hears is what the person understands to be true.***

An unrealistic, unfulfilled promise the person believes was made during a crisis can result in misunderstanding and frustration, potentially leading to further crises.



## Strategies: Process

The **process** strategy encourages caregivers to continuously assess how the de-escalation is progressing. This is most effectively done by focusing more on the situation than the process itself, which means modifying responses and behaviors based on the responses and behaviors of the person who is upset (*PMT Associates, n.d.*).

Increasing relaxation and decreasing intensity of behaviors are positive indicators that interventions are working. If the situation remains the same or escalates, it may be time to change the approach and/or request assistance.

# Strategies: Plan

Develop a **plan** specific to the individual for crisis situations. Anticipate triggers and challenging situations, consider what could happen, and plan effective responses (*PMT Associates, n.d.*), based on a knowledge of the person's triggers, techniques that the person identifies as effective, and techniques that have worked with the person in past situations.

Thinking about what might happen allows caregivers the opportunity to prepare for and respond more effectively and more calmly to crisis situations. It can also reassure the individual that future situations will be managed before escalating to crisis level.

# Strategies: Practice

Once a plan is developed, **practice** it (*PMT Associates, n.d.*). This can offer excellent preparation for when crises actually occur by familiarizing caregivers with what to do to be of assistance and makes the plan more effective (*PMT Associates, n.d.*). Roles and responsibilities can be discussed, practiced, assessed, and refined before a crisis occurs.

Practicing the plan provides caregivers the opportunity to practice communicating a non-threatening appearance. For de-escalation to be successful, the person in crisis must be convinced that caregivers are not trying to cause harm and are there to help. Caregivers should practice maintaining an open and relaxed posture. It is best to keep hands unclenched and visible, with arms at one's sides (not crossed over the chest), and to relax one's stance as much as possible. It is important not to turn one's back toward the individual or position oneself behind the individual (*Johnson, 2011*). Turning one's back creates an extremely unsafe situation in which the caregiver would not be able to see or react to an attack promptly, while being behind the individual may cause the person's anxiety and fear to increase, resulting in an escalation of the situation rather than a de-escalation. Avoid staring at the person, but do not avoid eye contact. (*Johnson, 2011; Skolnik-Acker, n.d.*).

## **Strategies: Practice** (continued)

Practice also helps caregivers learn how to manage the environment – where to direct others to go when a crisis occurs, what objects in the area may be harmful, how to keep paths to exits clear, etc.

*Combined, these practice efforts help to achieve the primary goal of any crisis plan – keeping everyone safe from harm.*

# Strategies: Presentation

The **presentation** of unwelcome, upsetting information to a person in a crisis situation can impact the effectiveness of the de-escalation process. Caregivers should consider what they know about the person and determine the best way to present the information – in private or with others present as "visible support" (*PMT Associates, n.d.*). Some people do better if unpleasant news is presented quickly, in a matter-of-fact way; others may prefer a more gradual delivery. Some may need to discuss it, while others may prefer silence. Some may welcome shared emotions; some will act as if they do not care.

***The presentation of upsetting information during a crisis situation is a good factor to examine when developing a plan for crisis situations for the individual.***

# Strategies: Pivot

When working to de-escalate a situation, caregivers need to **pivot** "when it is clear that the upset person is too upset to calm down or is invested in being upset" (*PMT Associates, n.d.*). Pivoting in this sense means acknowledging the person's hurt, anger, or anxiety and empathizing with the person, then offering a possible activity or solution that may help (*Changing Minds, 2013*)\*.

When using this technique, the caregiver shares:

- an understanding that the person is upset – "I understand that you're having a difficult time right now."
- that there have been times that he or she has had similar feelings – "There were times when it was hard for me to feel better too."
- an idea or activity that might be helpful – "I've found that taking some deep breaths really helps in stressful times. Would you like to try that?"

*(Changing Minds, 2013)*

\* This technique actually comes from the world of sales as a way to convince people to make a purchase (*Changing Minds, 2013*), but it is easily adaptable for managing crisis situations.

## **Strategies: Pivot** (continued)

**Flexibility** and **adaptability** might be considered part of this strategy, too. Events can change, and other triggers may be present. Those involved in the de-escalation process will need to recognize when changes occur and adapt their approach to the situation, as needed. In some instances, the individual may not respond well to a caregiver who is attempting de-escalation. It is a good idea to have others present who can provide a different voice and viewpoint (*Johnson, 2011*).

# Strategies: Persuasion

**Persuasion** is achieved through knowledge of the person and relevant issues involved (*PMT Associates, n.d.*), encouraging the person to communicate, paying attention to feelings expressed, and clarifying with the person what those feelings are (*Dufresne, 2003/2013*). A caregiver may notice that the person's face is red and scowling and say to the person, "It looks as though you're feeling upset right now." This might provide the level of comfort needed for the individual to open up about what is happening, or at least feel a connection with the caregiver in that moment.

Another way to clarify to a person's feelings is to share what one understands the person to be saying (*Dufresne, 2003/2013*). If an individual says, "I really hate this place, I want to go home now," the caregiver can join with that person by stating, "It appears you really miss being home. That must be tough." Again, doing this establishes a connection between the person and the caregiver may "persuade" the person to willingly participate in the de-escalation process.

# Strategies: Preemption

**Preemption** (anticipation and prevention) of a crisis is the most effective form of de-escalation. Using the information examined for development of a plan for crisis situations (the plan strategy), caregivers can anticipate triggers and present solutions in advance to prevent escalation from occurring (*PMT Associates, n.d.*).

Caregivers who work most closely with an individual can share their knowledge of what is most effective for a person and help minimize the risk of a crisis occurring. If all members of a person's team are "on the same page" and communicate what they know about the individual, efforts can be better coordinated and more consistent, providing the individual a feeling of safety and support that can preempt future crisis situations.

# Debriefing

**Debriefing** is a process that occurs after a crisis in which caregivers and the individual (if willing and able to participate) review how the crisis happened and how it was handled (APS, 2011). During this process, the team can pose questions, explore the response to the crisis, and propose other ways to intervene in the future.

Some questions that may be helpful to ask in debriefing include:

- **What were the triggers that led to the crisis?**
- **Could anything have been done differently?**
- **Which interventions worked?**
- **Which interventions did not work?**

***Input from the individual can provide valuable insight as to what is or is not effective from his or her perspective.***

## Debriefing (continued)

As previously mentioned, planning for future crisis events helps caregivers better manage their own anxiety and provides a road-map to the person's team for handling stressful events (*PMT Associates, n.d.*). The time to create a plan is **before** the next crisis occurs. This will allow caregivers and the individual the opportunity to consider possible triggers and interventions from a more rational and analytical frame of mind (*Dufresne, 2003/2013*).

# In Conclusion

De-escalation is a continuous process that offers guidance for preventing and managing challenging situations. For it to be successful, caregivers must:

- Be aware of the signs of escalation in the individuals they support
- Know the triggers that can lead to a crisis
- Recognize the signs that a person is heading towards a crisis
- Practice using de-escalation techniques
- Build positive relationships with individuals they support, creating bonds of familiarity and trust
- Develop, practice, revise, and follow a specific plan that incorporates de-escalation strategies effective for each individual
- Adapt as situations change
- Maintain a safe environment for all involved when a crisis does occur

# References

APS Healthcare, Inc. (2011). *Behavior is Communication: Understanding Challenging Behaviors*. North Huntingdon, PA.

BAMSI. (2011). *De-escalation Techniques: Annual Refresher*. Retrieved from <http://www.bamsi.org/assets/De-Escalation-Techiques-STP-Revised-Feb-2011.pdf>

Barol, B. (1996). *The Pennsylvania Journal on Positive Approaches: An Overview*. Retrieved from <http://greg.quuxuum.org/journal/overview.html>

CIT International. (n.d.) *DeEscalation*. Retrieved from <http://www.citinternational.org/training-overview/61-deescalation.html>

Dufresne, J. (2003). *Communication is the Key to Crisis De-escalation*. Retrieved from <http://www.crisisprevention.com/Resources/Knowledge-Base/General/De-escalation-Tips>. (Reprinted from Law and Order Magazine, August 2003, 51 (8), 72-75.)

Fauteux, K. (2010). *De-escalating Violent and Angry Clients*. *American Journal of Psychotherapy*, 64 (2), 195-213.

# References

Johnson, A. (2011). *De-escalation Strategies for Crisis Situations*. [Powerpoint Slides]. Retrieved from <http://www.hdsa.org/images/content/1/5/15047.pdf>

Paraskevas, A. (2006). *Crisis Management or Crisis Response system? A complexity science approach to organizational crises*. *Management Decision*, 44 (7), 892-907.

PMT Associates. (n.d.) *Top ten list of de-escalation techniques (the "p's" of de-escalation)*. Retrieved from [http://www.pmtassociates.net/Top\\_10\\_Deescalation\\_Tips.html](http://www.pmtassociates.net/Top_10_Deescalation_Tips.html)

Skolnik-Acker, E. (n.d.). *Verbal de-escalation techniques for diffusing or talking down an explosive situation*. Retrieved from <http://www.guilford.k12.ct.us/sites/bmspsych/documents/VerbalDe-Escalation.pdf>

Washington State Department of Social and Health Services. (2012, January 31). *Crisis intervention*. Retrieved from <http://www.dshs.wa.gov/manuals/socialservices/sections/CrisisInte.r.shtml>