



DE-ESCALATION

E-LEARNING

October 2018

Introduction

Knowing that individuals visiting the hospital may be having a traumatic experience...”can help you help them.”

They may have just heard some bad news or they may be expecting bad news.

By intervening early you can reduce their traumatic or stressful experience and even help them have a more positive experience.

Imagine it's you.

Remain respectful.

Maintain professionalism.

Learning Objectives

- 1 - Recognizing Signs of Crisis
- 2 - Safe Responses to Crisis
- 3 - Policy Review
- 4 - Staff Safety Plans

What is Crisis?

A set of circumstances, real or perceived, internal or external, that causes behavioural and/or physical change.

Or

A situation that has caused an individual to become anxious or upset due to something beyond their control

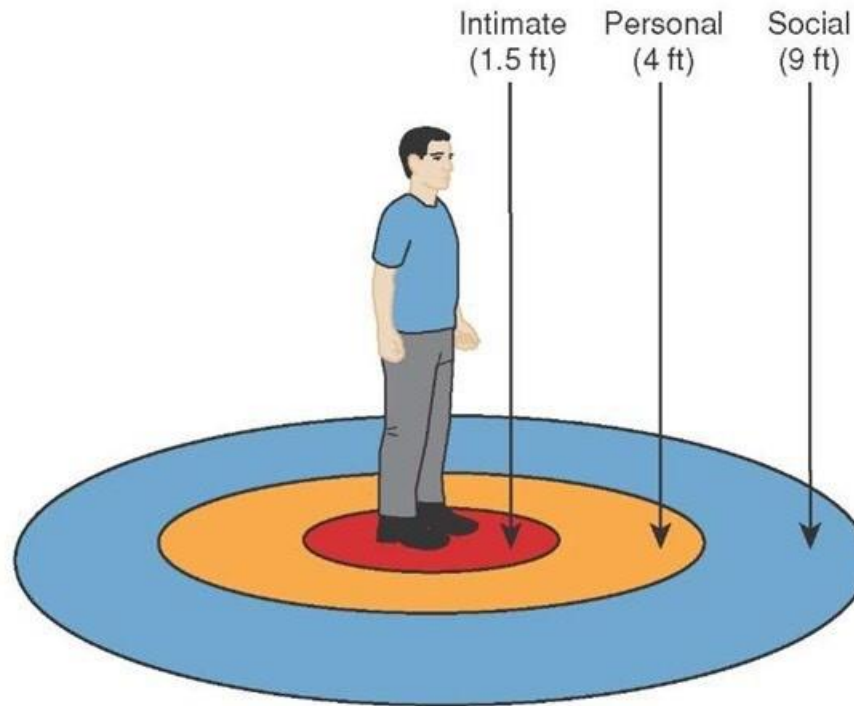
Signs of Escalation

- Pacing
- Fidgeting
- Aggressive Body Posture
- Defensive Speech
ie. Unreasonable refusal to participate
- Change in behaviours

Safe Zone for Interactions

When faced with someone who is escalating like the individual in the picture, be sure you are in the “Social Zone”.

This allows a safe distance, in case the individual continues to escalate



The Stages of Crisis Escalation

Crisis is recognized in different “stages”. Each stage is unique, and can happen in any order.

Understanding and recognizing the stages is a key component to learning how to respond appropriately

The Stages of Crisis

Anxiety Stage

Defensive Stage

Physically Acting Out Stage

Tension Reduction Stage

Anxiety Stage

Anxiety is a noticeable change in behaviour.

- ▶ Common signs
 - ▶ Fast speech
 - ▶ Glaring
 - ▶ Sweating
 - ▶ Deep/rapid breathing
 - ▶ Pacing
 - ▶ Fidgeting

Response to Anxiety

Empathy

- ▶ Imagine its you

Acknowledgement

- ▶ Recognize someone is in distress e.g. “Hi, my name is Bill. Can I speak to you for a second? (Pause) I noticed that you look upset? Can I help?”

Assess

- ▶ Note answers from the individual and be aware of your distance. If the individual becomes angry or threatening move to the social zone. (per slide 6)
- ▶ Continue to assess stages of crisis

Assist

- ▶ If possible, assist with the reason for crisis i.e. Wayfinding, connecting with appropriate person

Cont'd **Response to Anxiety**

Early Response to the Anxiety Stage is important to help prevent further escalation.

The sooner the response, the more successful the interaction.

Positive response = Positive experience

Defensive Stage

- ▶ Individual is visibly agitated, or shows signs of aggression
- ▶ May be asking either “Information” or “Challenging” Questions

Information Questions

- ▶ Individual wants information to process situation e.g. “How much longer do I have to wait?”

Simple questions = simple answers

Challenging/Baiting Questions

- ▶ Individual wants to illicit an emotional response e.g. “What is wrong with you people”

Responses to Defensive Questioning

Deflect - Used for information seeking questions

- ▶ E.g. “Why do you people keep switching my appointments?!”
 - ▶ Acknowledge the frustration, but deflect back to the solution “*I understand your frustration with the scheduling mix-up, I can put you in touch with someone to resolve this for you*”

Ignore - Used for Challenging questions

- ▶ E.g. “Are you stupid?”
 - ▶ Ignore the Challenging question, refocus on the issue “*I am willing to help, what can I help you with?*”

Block - Used for Challenging or “baiting” type questions

- ▶ E.g. “You are targeting me because of my Colour”
 - ▶ Block the assertion (without repeating it) and refocus - “*No, I am required to ask these questions when we are triaging any patient*”

Common Phrases for Staff to Avoid using with the Individual in Crisis

1. “Calm down”
2. “You wouldn’t understand”
3. “Because that’s our policy”
4. “Its none of your business”
5. “What do you want me to do about it?”
6. “What's your problem?”
7. “You never/You always”
8. “I’m not going to say this again/I already told you that”
9. “Why don’t you be reasonable?”

Defensive Stage - Refusal

- ▶ Individual refusing to comply with requests
 - ▶ “I am not going to lower my voice”
 - ▶ “I am not taking these medications”
 - ▶ “You can’t make me sign that”

Staff should :

- ▶ seek assistance to develop a plan
- ▶ Utilize the “If/Then Tool” (see next slide)

“If/Then Tool”

I’m not lowering my voice.

- ▶ “If you continue to yell, then I am not going to be able to help you.”

I’m not taking those medications.

- ▶ “If you take the medications, then you will feel better.”

You can’t make me.

- ▶ “If you sign the document, we can then proceed with treatment.”

Venting

When an individual is shouting and becoming very vocal about their frustrations. (Rant or verbally letting off steam)

- ▶ Can occur in person, or over the phone
- ▶ Can lead to verbal/physical threats

Your Responses to an individual who is Venting

It is important that you do not attempt to talk while the individual is shouting, screaming or swearing.

- ▶ Ensure that the volume of your voice does not raise as well.
- ▶ Call for assistance
 - ▶ Other team members
 - ▶ If threatened, call CODE WHITE “5999”

Threatening

Threats are real when three things are present:

- ▶ **Intent** - Verbal or physical e.g. “I am going to punch you”
“Don’t stand in my way” or individual is showing aggressive physical behaviour “Fists raised”
- ▶ **Weapon** - Can be fists, physical weapons or other objects to cause harm
- ▶ **Delivery System** - A means of introducing the weapon to the situation e.g. Individual is close with no barriers in the way

When to Call a Code White “5999”

If there is potential for Harm or feeling threatened

or

If the Situation is beyond staff’s ability to control

or

If Staff require assistance