# Trauma-Informed De-Escalation

EM
Consulting

A 17 year old male client has picked up a chair and is preparing to throw it through the window of an unoccupied room.

**What do you do?**

The Mandt System®

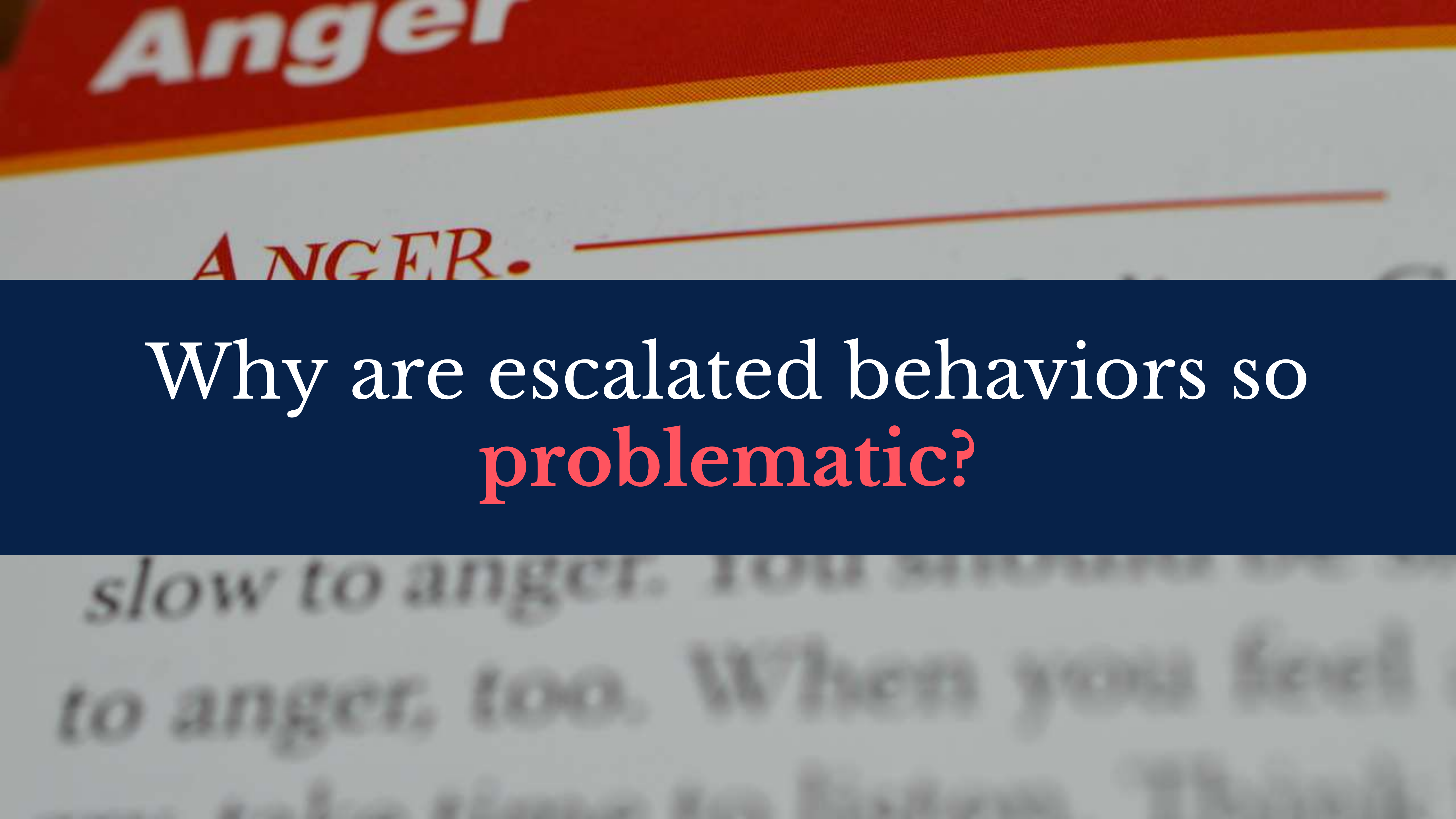
NRCYS
National Resource Center for Youth Services
The UNIVERSITY of OKLAHOMA

Institute for
Healthcare
Communication

We've likely been (or been related to) an escalated patient

# In the last year,
# Escalated Behaviors....?

- ✓ Have increased
- ✓ Have decreased
- ✓ About the same


Anger
ANGER.
slow to anger. You
to anger, too. When you feel

# Why are escalated behaviors so problematic?

# Touches on Childhood Experiences

Hurts us, patient, witnesses

Re-Traumatization

Mistrust of the Clinic

# Highest Rates

# of Verbal Abuse

Receptionists

# Stigma & Bias

PORTLAND POLICE
LI
PORTLAND POLICE

# Risk Factors for Aggressive Behaviors

Chronic Pain or SUD

Protective Empathy

Not feeling heard

Wound to dignity

KLINIK 04
BEDAH
KLINIK 05
BEDAH
BEDAH

The goal of de-escalation is always **only** emotional and physical safety for everyone

Being Right
Ignoring
Disagreeing
Explaining Rules
Imposing Consequences

# Self-assessment

My history

My personality

My skills

Menti.Com

5320 7020

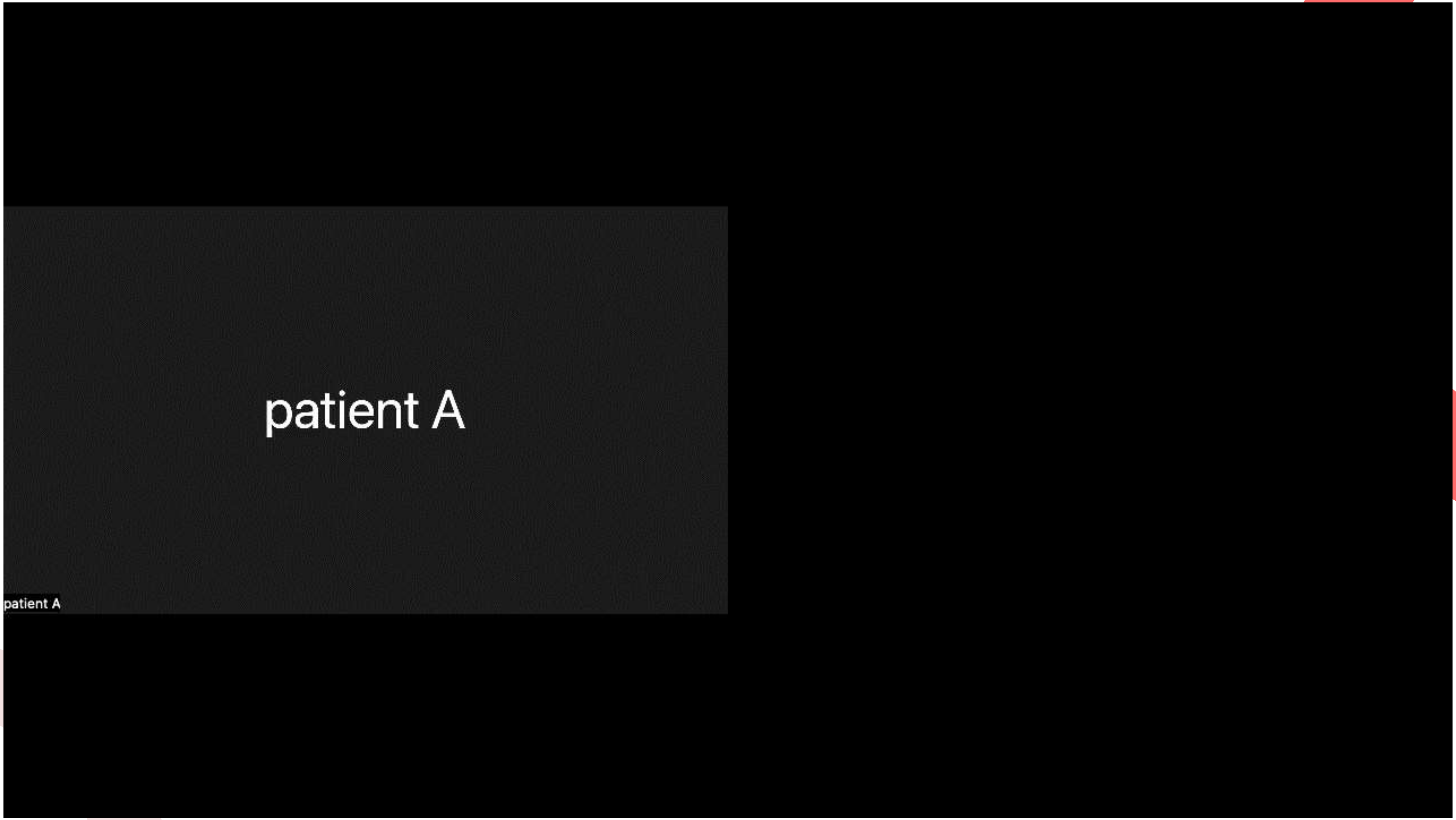
What do you know about yourself and your response to anger?

MEASLES, MUMPS, AND RUBELLA VIRUS VACCINE LIVE
1 Single-dose 0.5-mL
MEASLES, MUMPS, A
RUBELLA VIRUS VAC
M-M-R®

# Prevention

RESTRICTED AREA
AUTHORIZED PERSONNEL ONLY
STOP
No Food or Drink
SEIKO
QUIET PLEASE
SERVICES IN PROGRESS
NOTICE
No Cell Phone Use in Waiting Room.
Please Be Courteous and Take Your Calls Outside.
Thanks!
Please...
Children Must Be Supervised At All Times...
Thank

- Eye contact
- Smile
- Greeting
- Names
- Humor
- Compliments
- Affirmations
- Offerings


patient A
patient A

# Early & Middle Intervention

# Helping people activate their pre-frontal cortex

Sighs

Pacing

Stare

Irritable

Agreement

Repeating

Arguing

Shrugs

Raised voice

# Humanize & Soothe

1. Use names
2. APOLOGIZE
3. Reflect feelings
4. Offer something
5. AGREE

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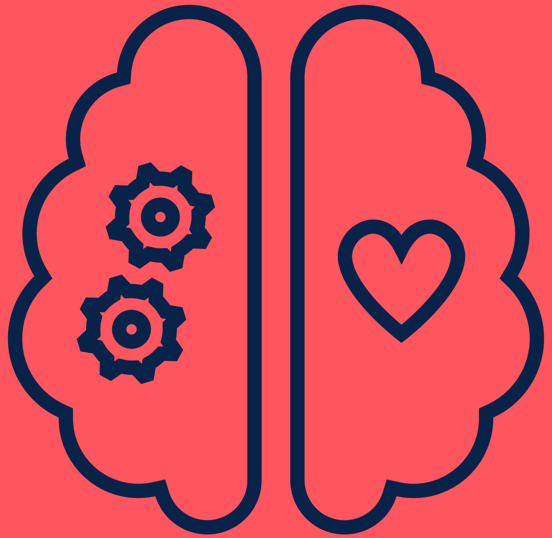


01

**Feelings Reflection :** *"You are angry" or 'Your super frustrated with us"*

02

**Normalize  & Agree:** *"I'd feel the same way" or "Anyone would be frustrated" or 'I know our wait times are the worst"*

03

**Affirm & Offer:** *"I appreciate you sharing this with us" or "thank you so much for keeping your cool.  It isn't always easy to do" or 'I brought you some water" or 'I'll text you when it's time'*

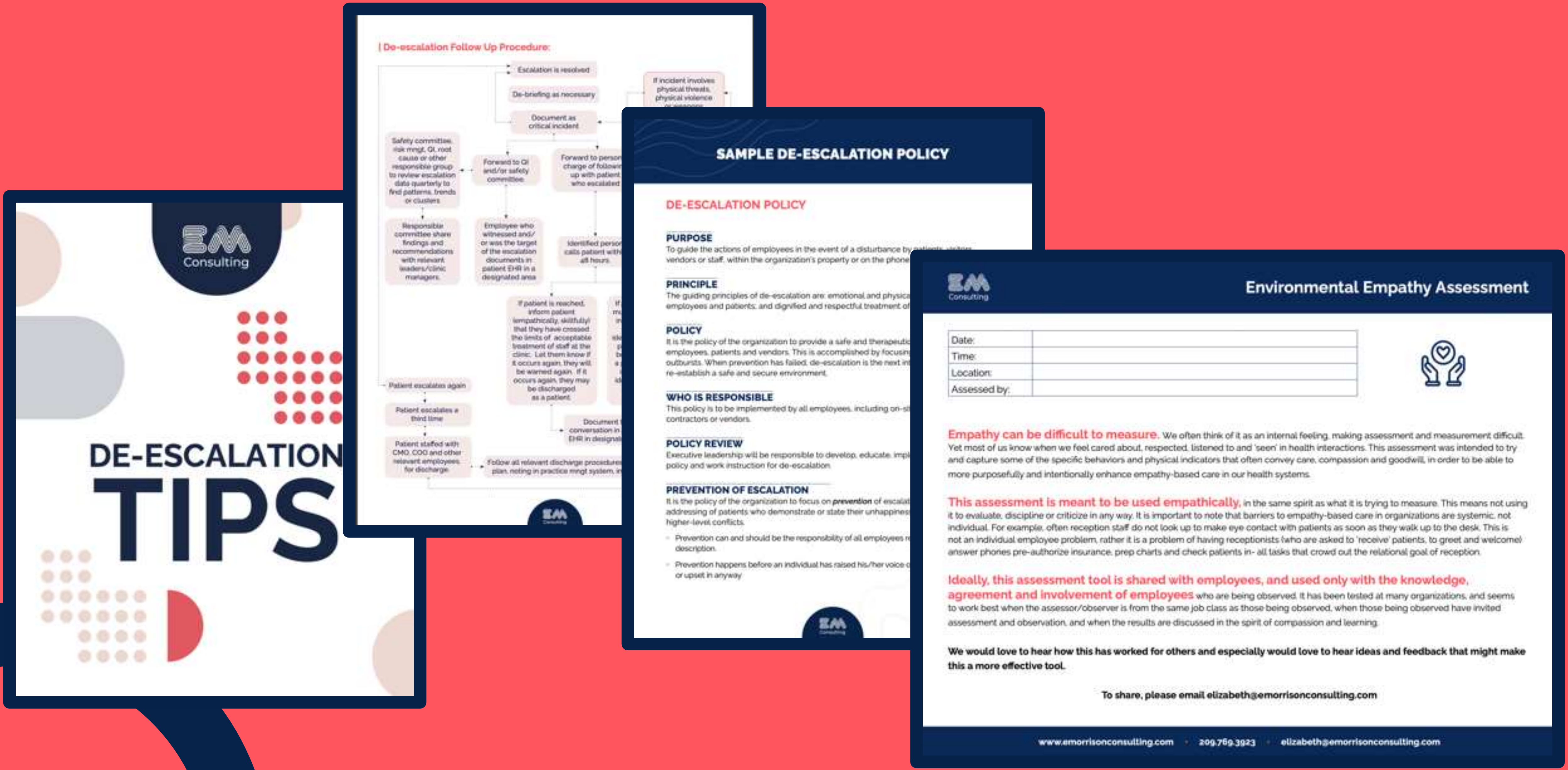
# Getting Comfortable with *Inauthenticity*

# Agreement and Apology Practice

"The phone system is the worst.  There is no point in even trying to get through!!!"

"Every time I come here, it’s the same story, I'm sick of it!!!"

"What the F^&#%@?!!!  Masks don't protect you, or me!"



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DE-ESCALATION

TIPS

| De-escalation Follow Up Procedure:

Escalation is resolved

De-briefing as necessary

Document as critical incident

If incident involves physical threats, physical violence or weapons

Safety committee, risk mngt, QI, root cause or other responsible group to review escalation data quarterly to find patterns, trends or clusters

Forward to QI and/or safety committee

Forward to person charge of followin up with patient who escalated

Responsible committee share findings and recommendations with relevant leaders/clinic managers.

Employee who witnessed and/ or was the target of the escalation documents in patient EHR in a designated area

Identified person calls patient with 48 hours.

If patient is reached, inform patient empathically, skillfully) that they have crossed the limits of acceptable treatment of staff at the clinic. Let them know if it occurs again, they will be warned again. If it occurs again, they may be discharged as a patient.

Patient escalates again

Patient escalates a third time

Patient staffed with CMO, COO and other relevant employees for discharge

Document conversation in EHR in designat

Follow all relevant discharge procedure plan, noting in practice mngt system, in

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## SAMPLE DE-ESCALATION POLICY

### DE-ESCALATION POLICY

**PURPOSE**

To guide the actions of employees in the event of a disturbance by patients, visitors, vendors or staff, within the organization's property or on the phone

**PRINCIPLE**

The guiding principles of de-escalation are: emotional and physica employees and patients; and dignified and respectful treatment of

**POLICY**

It is the policy of the organization to provide a safe and therapeutic employees, patients and vendors. This is accomplished by focusin outbursts. When prevention has failed, de-escalation is the next in re-establish a safe and secure environment.

**WHO IS RESPONSIBLE**

This policy is to be implemented by all employees, including on-si contractors or vendors.

**POLICY REVIEW**

Executive leadership will be responsible to develop, educate, impl policy and work instruction for de-escalation.

**PREVENTION OF ESCALATION**

It is the policy of the organization to focus on ***prevention*** of escalat addressing of patients who demonstrate or state their unhappines higher-level conflicts.

- Prevention can and should be the responsibility of all employees r description.
- Prevention happens before an individual has raised his/her voice o or upset in anyway

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## Environmental Empathy Assessment

| | |
|---|---|
| Date: | |
| Time: | |
| Location: | |
| Assessed by: | |

**Empathy can be difficult to measure.** We often think of it as an internal feeling, making assessment and measurement difficult. Yet most of us know when we feel cared about, respected, listened to and 'seen' in health interactions. This assessment was intended to try and capture some of the specific behaviors and physical indicators that often convey care, compassion and goodwill, in order to be able to more purposefully and intentionally enhance empathy-based care in our health systems.

**This assessment is meant to be used empathically,** in the same spirit as what it is trying to measure. This means not using it to evaluate, discipline or criticize in any way. It is important to note that barriers to empathy-based care in organizations are systemic, not individual. For example, often reception staff do not look up to make eye contact with patients as soon as they walk up to the desk. This is not an individual employee problem, rather it is a problem of having receptionists (who are asked to 'receive' patients, to greet and welcome) answer phones pre-authorize insurance, prep charts and check patients in- all tasks that crowd out the relational goal of reception.

**Ideally, this assessment tool is shared with employees, and used only with the knowledge, agreement and involvement of employees** who are being observed. It has been tested at many organizations, and seems to work best when the assessor/observer is from the same job class as those being observed, when those being observed have invited assessment and observation, and when the results are discussed in the spirit of compassion and learning.

**We would love to hear how this has worked for others and especially would love to hear ideas and feedback that might make this a more effective tool.**

**To share, please email elizabeth@emorrisonconsulting.com**

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