

De-escalation: How to Approach Volatile Behavior in a Clinical Setting



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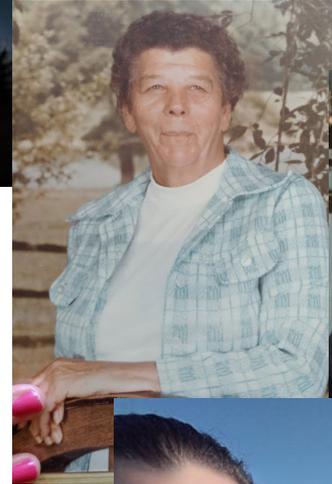


Partnerships *for* Native Health

Good Morning!



- My background and training...
 - Who I came from
 - Schooling
 - Partnerships for Native Health
 - Why I do what I do
 - My current work



Overview of Today's Session



- Introduction and overview
- An ounce of prevention – Trauma informed care
- Definitions and situational/predisposing factors
- Triggers and Trauma Responses
- Trauma Informed De-escalation
- Anatomy of the escalation cycle
- Supportive responsiveness
- Post Conflict Resolution
- Discussion

An Ounce of Prevention: Trauma Informed Care



- A common source of volatile behavior
 - Trauma types
 - Transmission of Trauma Across Generations
 - Triggers, Responses, and Behaviors



Direct Trauma types



- Also sometimes called “Primary Trauma”
 - Physical:
 - A sudden physical injury
 - Blunt Force
 - Penetrating



Direct Trauma types



- Also sometimes called “Primary Trauma”
 - Psychological:
 - Damage or injury to the psyche after living through an extremely frightening or distressing event
 - Often accompanies physical traumas



Secondary Trauma



- Vicarious Trauma:
 - A process of change resulting from empathic engagement with trauma survivors.
 - Anyone who engages empathically with survivors of traumatic incidents, and material relating to their trauma, is potentially affected, including health professionals.



Signs of Vicarious Trauma



- Behavioral
 - Sleep disturbances
 - Nightmares
 - Appetite changes
 - Hypervigilance
 - Exaggerated startle response
 - Negative coping – smoking, drinking, acting out
- Emotional
 - Helplessness and powerlessness
 - Survivor guilt
 - Numbness
 - Oversensitivity
 - Emotional unpredictability
 - Fear / Anxiety

Intergenerational Trauma



- A Special Type of Vicarious Trauma:
 - A process of change resulting from empathic engagement with trauma survivors.
 - Anyone who engages empathically with survivors of traumatic incidents, and material relating to their trauma, is potentially affected, including the **CHILDREN** of those survivors.



Some Ways Trauma is Passed Down



- Biological
 - DNA and gene expression changes in offspring
 - In utero exposure to stress hormones
 - Exaggerated startle response conditioning
 - Learned hyperarousal (adaptive response to always be on alert)
- Emotional
 - Cumulative emotional wounding
 - Dominant family narratives
 - Normalization of hatred, cruelty, and dehumanization toward others
 - Parents bypassing or not coping with their trauma
 - Aggressions and micro-aggressions

Triggers and Trauma Responses



- Triggers
 - Literally, can be anything that reminds on of the traumas they have faced.
 - There's the obvious (sights, sounds, situations, etc.)
 - Can be social situations where power differentials are present.
 - Can be completely subconscious.
- Trauma Responses
 - Generally, a response that helped one survive or cope with a trauma at the time that is no longer useful.
 - Aggressive behavior/ anger outbursts
 - Dissociation ("Spacing out")
 - Escapism (including ETOH, Substance use, etc.)
 - Disdainful attitude and micro-aggressions
 - Vindictiveness

Approaching Volatile Behavior from a Trauma Informed Perspective



Shifting the focus from “What’s wrong with you?” to
“What happened to you?”

Trauma Informed De-escalation



- Recognize that you are most likely encountering an intense trauma response
- Focus on Feelings:
 - The objective truth is less important at the moment
 - First, find out what they are feeling and why



Trauma Informed De-escalation



- Recognize that you are most likely encountering an intense trauma response
- Ignore Challenges:
 - Redirect attention to the issue at hand
 - Bring focus back to how you can work together to solve the problem



Trauma Informed De-escalation



- Recognize that you are most likely encountering an intense trauma response
- Offer Choices:
 - Offer concise and respectful options and likely associated outcomes
 - Be clear, speak simply, and offer the positive choice first



Trauma Informed De-escalation



- Recognize that you are most likely encountering an intense trauma response
- Be Flexible, if possible:
 - You want to emphasize their autonomy
 - You also have to place some limits to respect others safety and comfort



Trauma Informed De-escalation



- Recognize that you are most likely encountering an intense trauma response
- Allow Silence:
 - Silence doesn't have to be awkward
 - The person may need a chance to reflect on what's happening



Trauma Informed De-escalation



- Recognize that you are most likely encountering an intense trauma response
- Allow Time:
 - When upset, it can be hard to think clearly
 - A person's stress rises when rushed
 - Allowing time brings calm

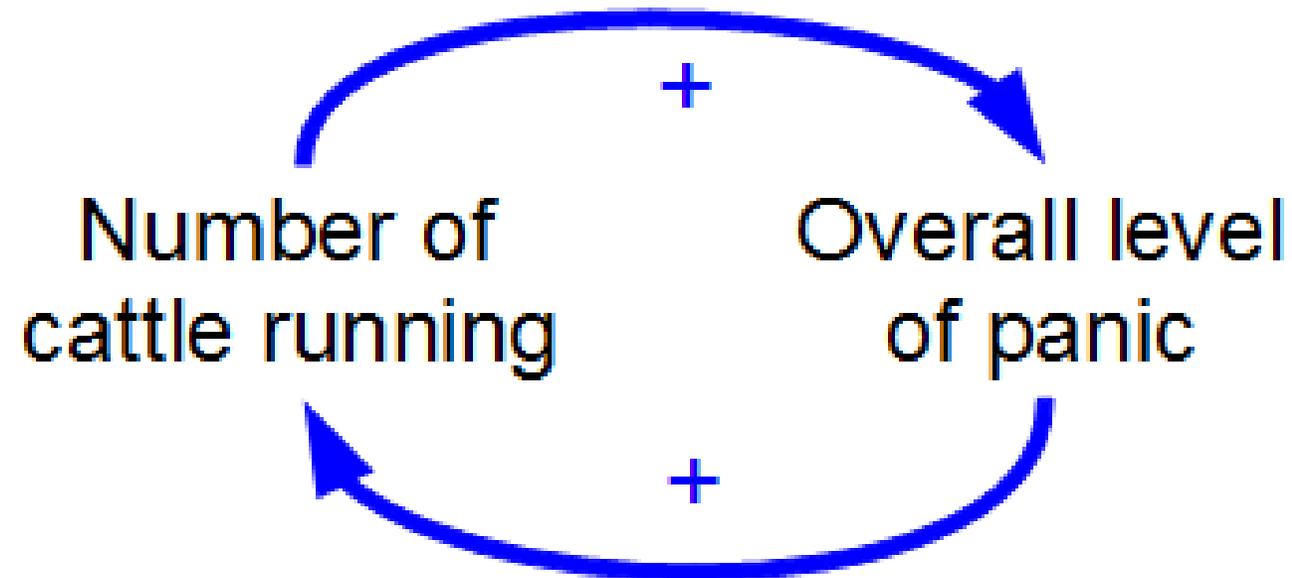


Pre-Conflict Points



- What really triggers you?
- When you think about that, what happens in your body?
- How does that interact with your thoughts?
- How does that interact with your emotions?

Escalation: Stampede!!



The Anatomy of Escalation



THE ESCALATION CYCLE



Pre-Conflict Points



- First Point: *Develop a good relationship before conflicts occur.*
- A person in crisis will depend on feelings they've already established for people.
 - Any resentments or slights will come out when they're confronted with you in crisis.
 - So will any previous positive associations (though 5:1 applies)

Pre-Conflict Points



- If at all possible, do (at least one) MI session with every client, ideally at intake.
 - You can build a positive baseline, and it gives you an idea of their history to work from in the future.



Pre-Conflict Points



- Second Point: *Know your own triggers and how to separate yourself.*
- A person in crisis will push every button they know of to keep the crisis going.
 - You can either hide the buttons or know how to keep yourself calm in their presence.
 - Q-TIP: Quit Taking It Personally



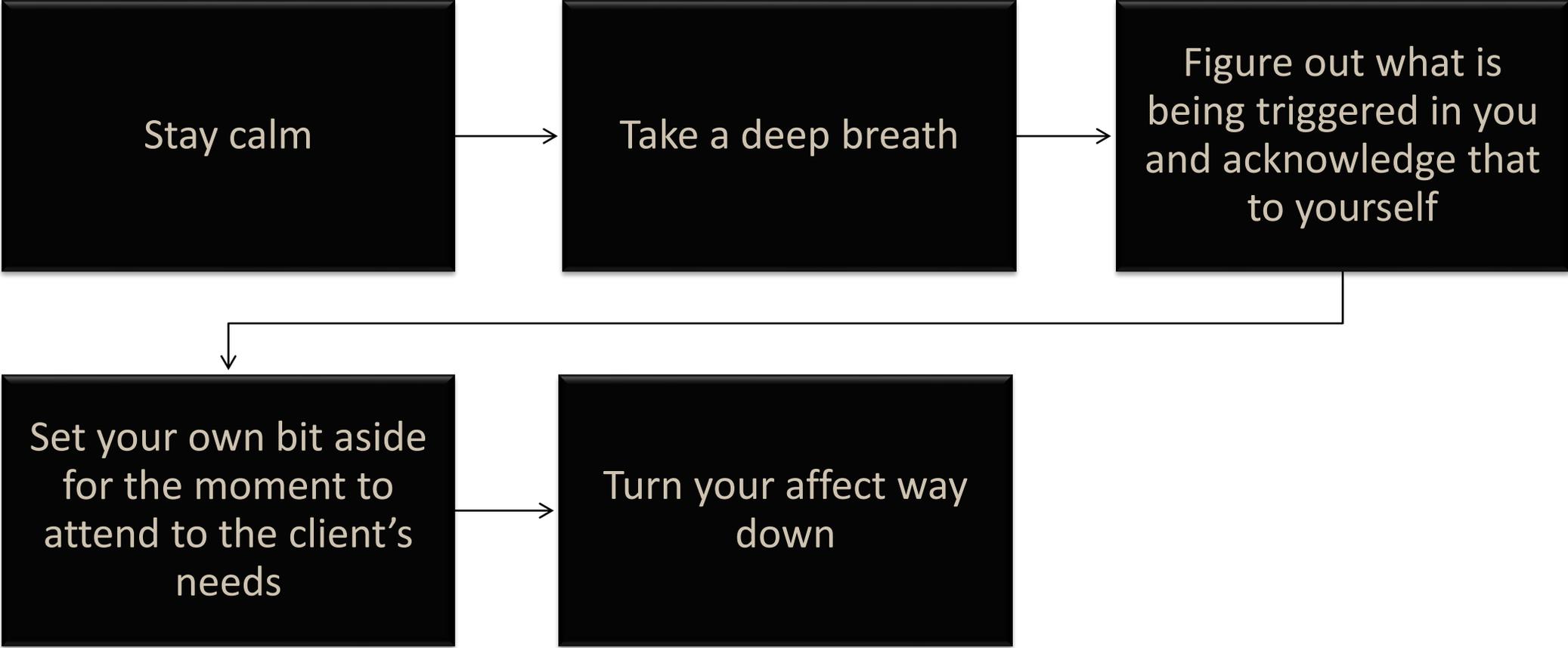
Pre-Conflict Points



- Second Point: Know your own triggers and how to separate yourself.
 - Q-TIP: Quit Taking It Personally

1. Sensing	Noticing in your body that you are having an emotion/feeling
2. Naming	Choosing an accurate name for the emotion/feeling
3. Attributing	Making sense of what caused the emotion/feeling to happen
4. Evaluating	Checking in about how you feel about having the emotion/feeling
5. Acting	Deciding how to cope, use, or deal with the emotion/feeling

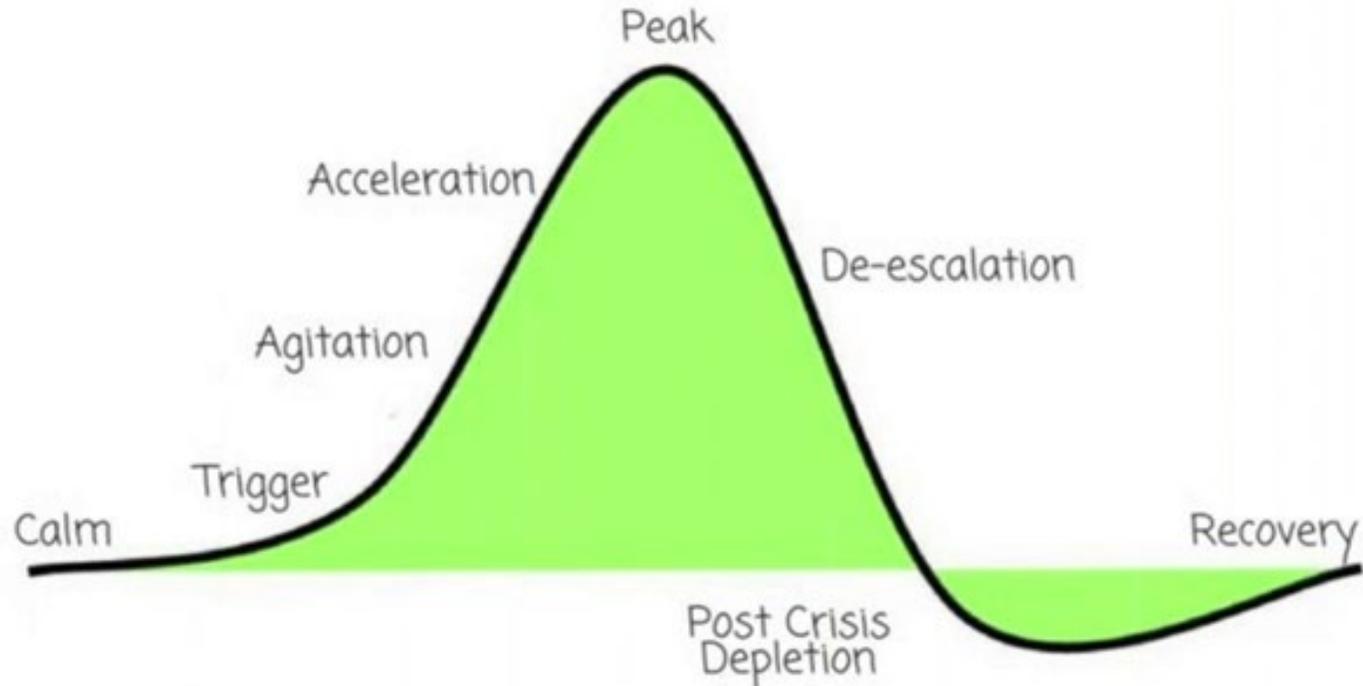
Pre-Conflict Points



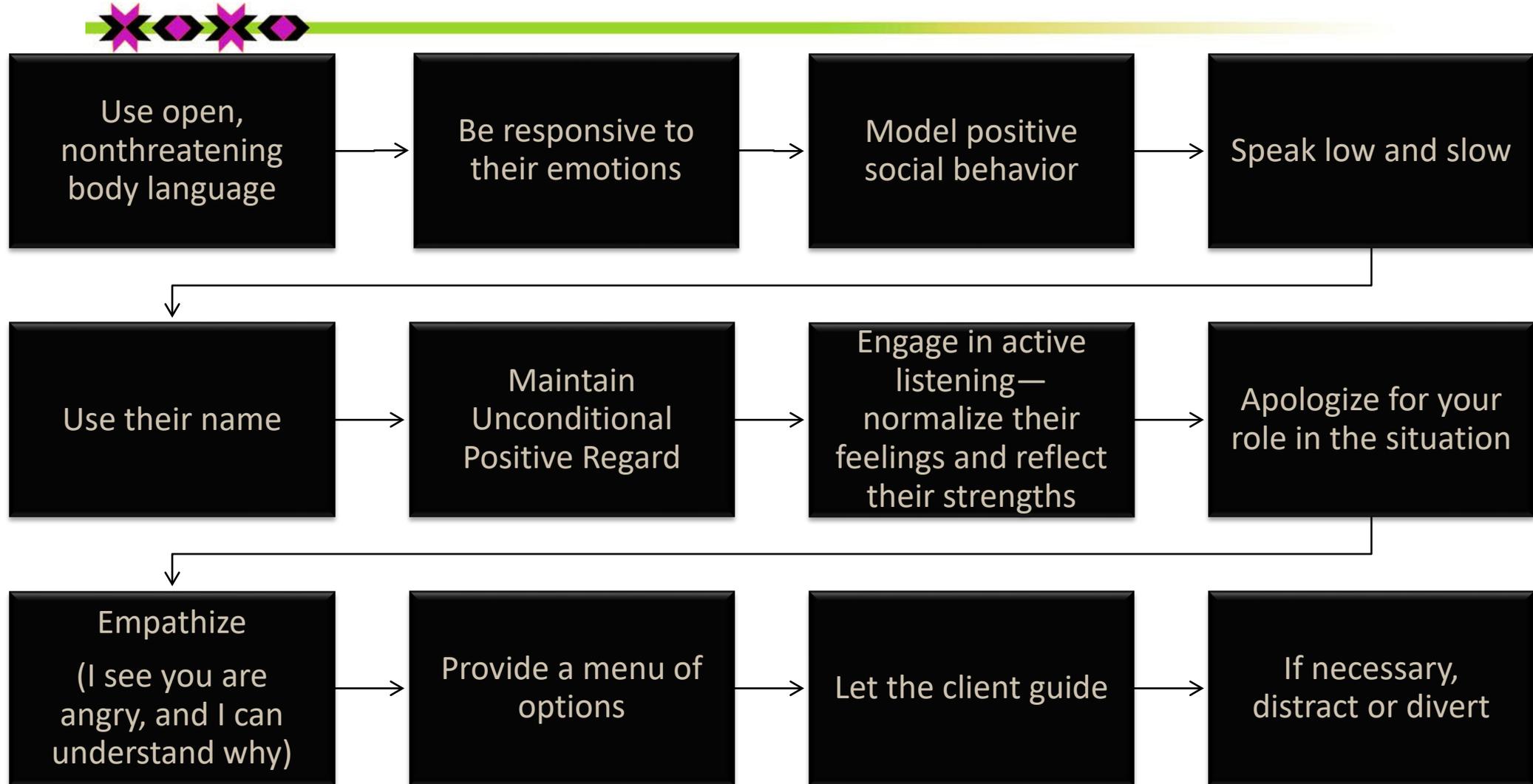
Entering the Conflict Zone



THE ESCALATION CYCLE



Entering the Conflict Zone



The 1-2-3 of De-escalation



The 1-2-3 of De-escalation



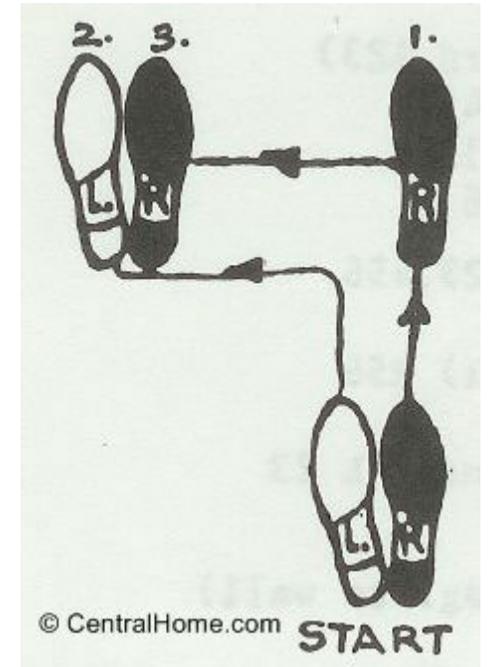
- When interacting with a person in crisis:
 - 1) Validate their feelings
 - Until they feel heard and release
 - 2) Help them explore their options
 - Consider consequences of various courses of action
 - Offer alternative courses of action
 - 3) Emphasize their autonomy
 - Truly allow for their freedom of choice going forward



The 4-5-6 of De-escalation



- When interacting with a person in crisis:
 - 4) Low and Slow (voice, body, speech)
 - 5) Use their name (reminds them of previous contact)
 - 6) Body Positioning:
 - 45-degree angle (no squaring off)
 - Stay 2 arm-lengths away, visibly relaxed posture
 - Hands visible, no sudden moves
 - Don't get between them and the door (and vice versa)
 - Don't loom over them (get on their level)



Post Conflict Resolution



- This is critical!!
- Don't hold the incident against them.
 - Shaming breeds contempt.
- Practice *unconditional positive regard*.
 - They are still your client, and after a rough patch, they will need your support more than ever.
- Don't make a big deal out of it either...
 - “Hey! I'm glad to see you're feeling better. It's good to have you back!”
 - No “War stories” or rehashing the events.
 - Let it be in the past. If they want to talk about it, fine, but add what you learned from the event, too.

Closing Thoughts on Crisis De-escalation

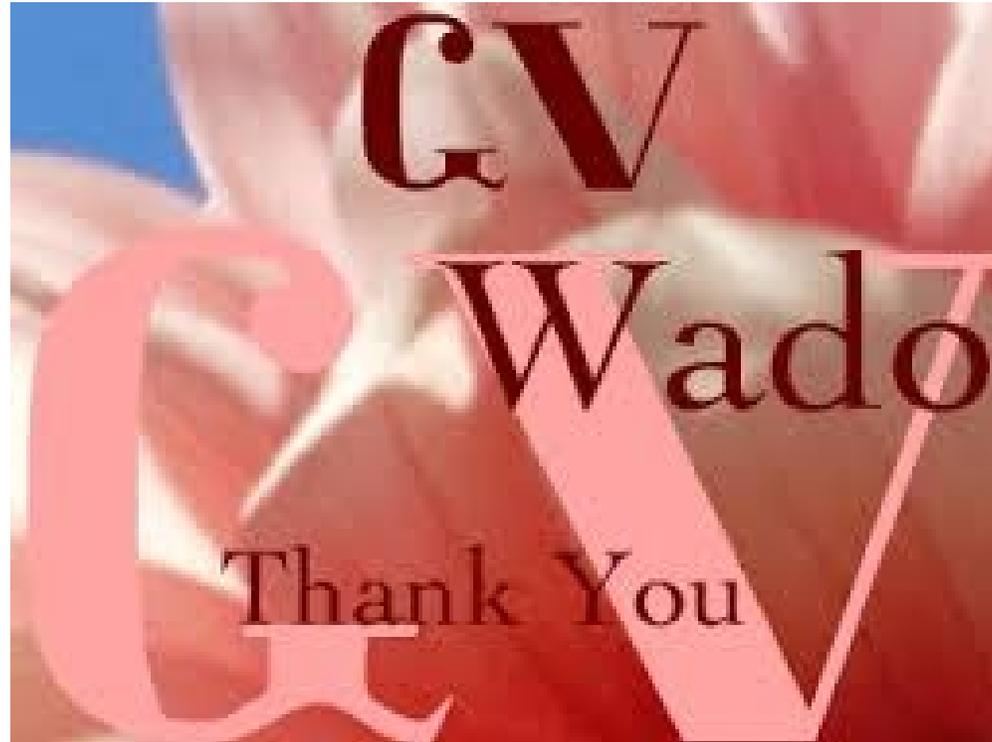


- We are all learning, all the time.
- Sometimes, the demands of the times are more than we can handle.
- It happens to all of us at one time or another, and another, and another... 😊
- The important thing is to be there for each other, and to take care of each other with compassion and understanding.
- We are all human beings, with all the frailties and strengths that entails.

Questions and Discussion



Thank You!



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