

De-escalation & Personal Safety through a Trauma-informed Lens: A 4-part workshop series for the MHTTC. Module 1

Presented by Martin D. Reinsel, MA, LMHC

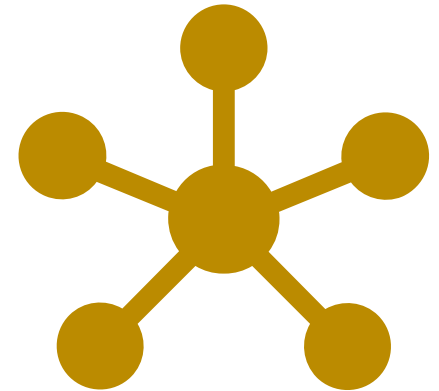
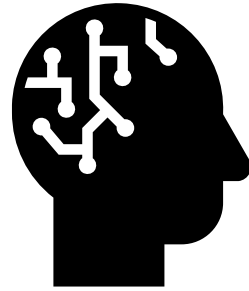
Mental Health Clinical Educator and Therapist

Reinselconsulting@gmail.com

Reinselconsulting.com c: 206-419-5547

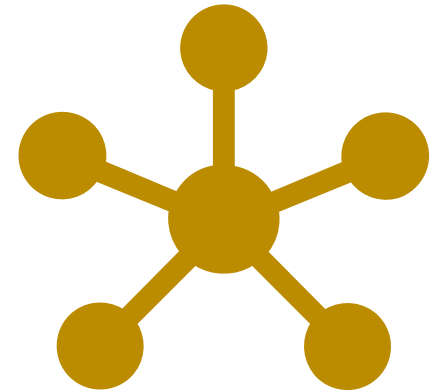
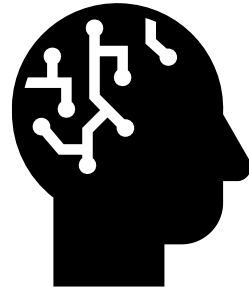
Welcome!

Let's start
with a
CHAT
Question...



CHAT ???

Can you control another person's thoughts, feelings or behaviors?



Welcome &
Thank you!



Hello!
I'm **Marty**
(he/him)

- **Community-based Therapist (since 1993)**
 - **Strengths-based focus**
 - **Equity & inclusion focus**
 - **Healing-centered**
 - **Person-centered**
- **Professional Titles:**
 - **Psychotherapist**
 - **Clinical Educator (Trauma-informed focus)**
 - **Behavioral Health Consultant**
 - **WA State-approved Clinical Supervisor**



Some of the organizations with whom I work ...



Neighborhood House



For your
consideration
– in general

Areas of Focus for this Training Series:

- **Managing Challenges:**
 - **Prevention & Early Intervention focuses**
 - **Dealing with unpredictable behaviors**
 - **Avoiding further escalation or harm**
- **Maintaining composure under stress**
- **“Advanced Intervention” notes (*looking ahead to future Learning Modules*)**

De-escalation
& Personal
Safety through
a **Trauma-**
informed Lens

BASICS



TAKEAWAYS
from this
training
content



Think about:

- What behaviors **push (my) buttons**?
- What helps me **maintain my composure**?
- What helps me & others **stay focused when situations are stressful** ?
- What do I/we do **after** a challenging situation?

SESSION OBJECTIVES

4 main objectives:

- 1) Consider PREVENTION approaches to avoid conflict
- 2) Increase your SKILLS for managing unpredictable and/or unsafe behavior
- 3) Increase your SKILLS for de-escalating “hot” situations
- 4) Provide INSIGHTS into post-intervention approaches: for all involved

Key Concepts

- **No one wants to be harmed**
- **I can only control myself, not others**
- **Have a plan: What? Where? How? When?**
- **Be the Model: You're being watched**
- **Connect before Correct**
 - Listen, don't assume
 - Validate emotions
 - Empathize
 - Save the "lessons" for later
 - Focus on Safety (Golden Rule)



Taking CARE =
Taking TIME



- We want things to be simple:
 - Easy
 - Quick
 - Clear
- Yet People are Complex



- De-escalation takes time & patience:
 - Be ready to repeat yourself
 - Slow yourself down – model calm

Taking Time: on the FRONT end (vs BACK end)

People are **complex** ...
Interactions can be as well



Take a
moment
for you

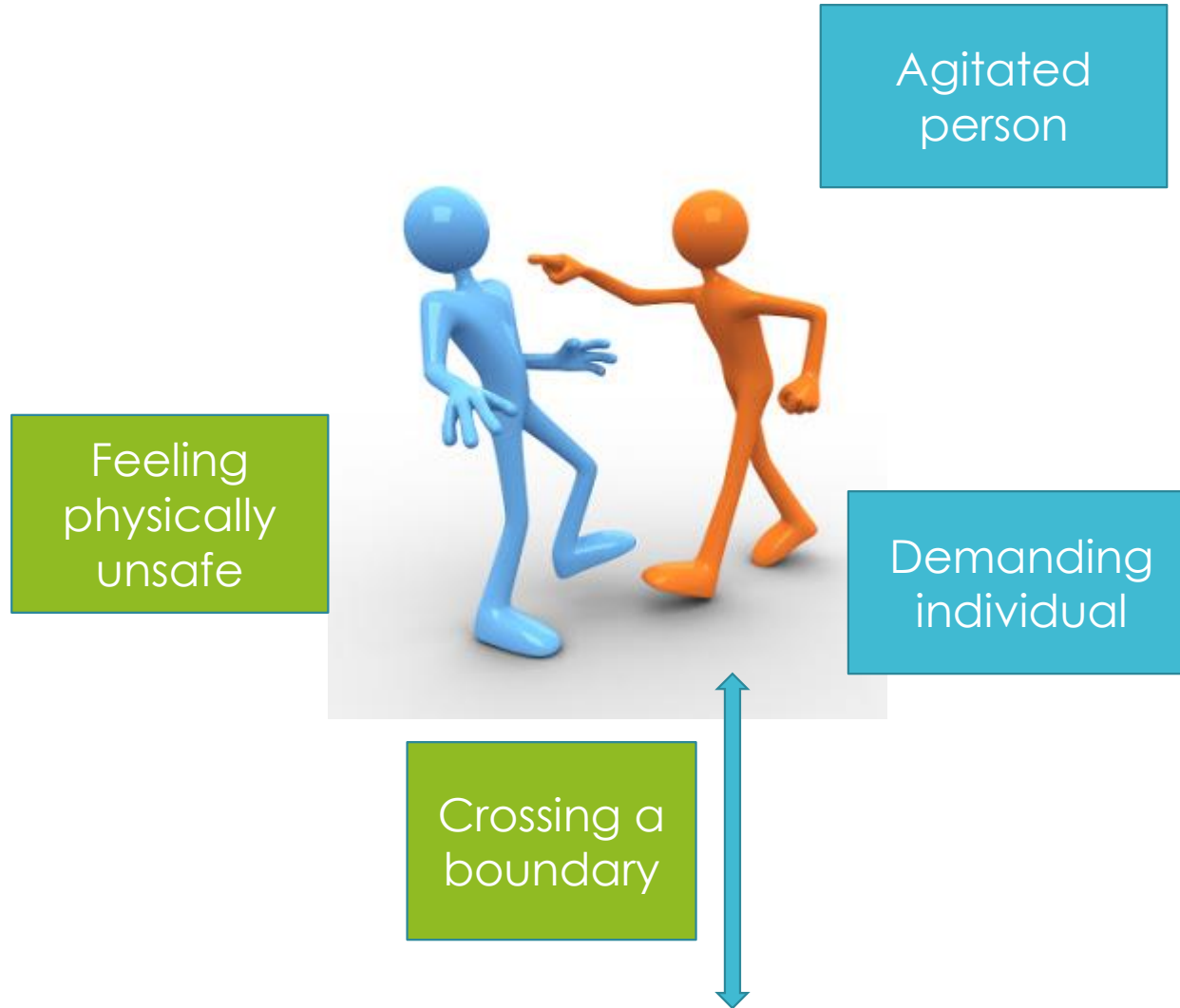




de-escalation

*What **behaviors, attitudes** and **situations** push your buttons? How do you manage?*

What are the **behavioral situations** you find most challenging?



How do you
define Safety?



4 forms of Safety

From Dr. Sandra Bloom (Sanctuary Model of Care)

- **Physical Safety**
- **Psychological Safety**
- **Social Safety**
- **Moral Safety**



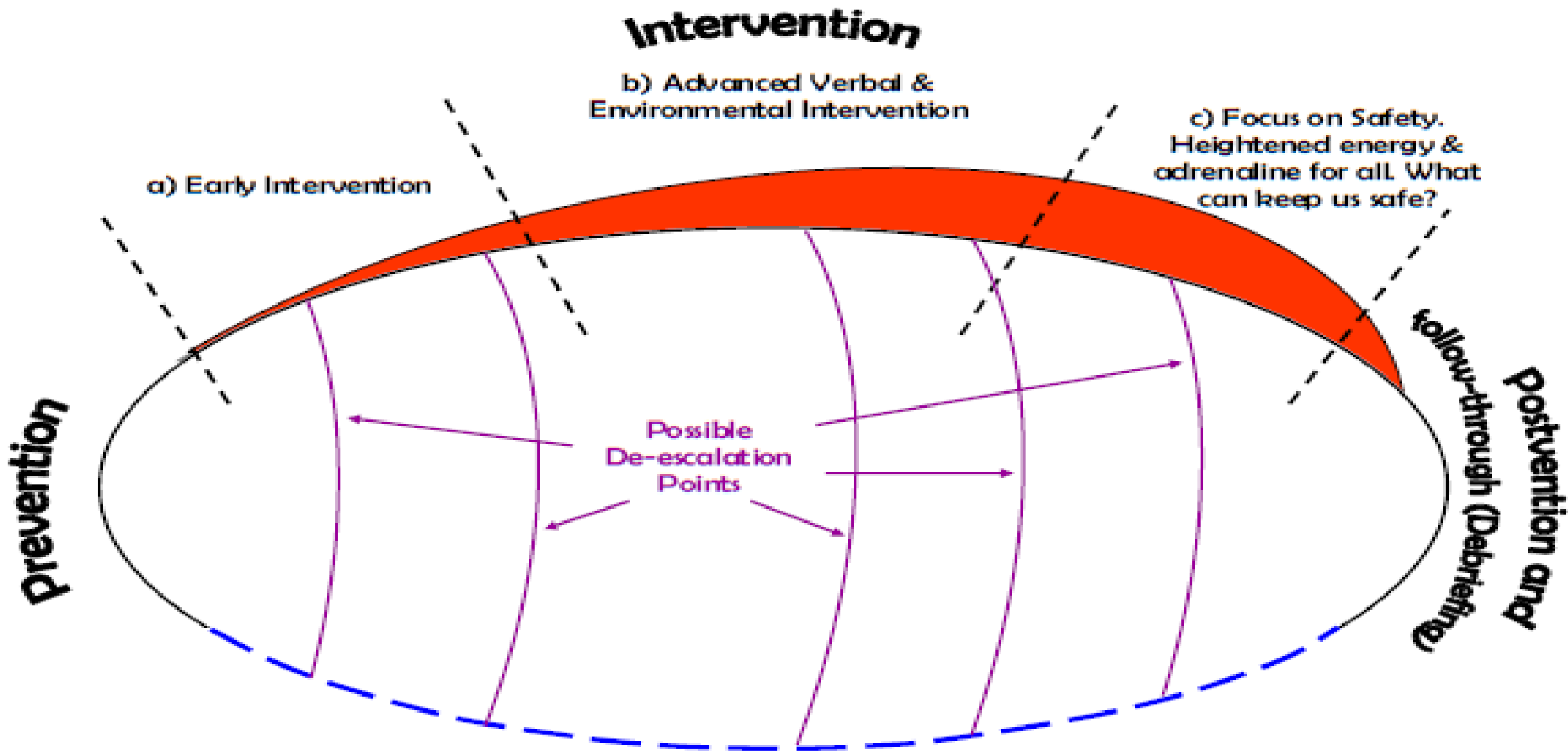
Psychological Safety:

“Belief that one will not be punished or humiliated for speaking up ... re: ideas, questions, or concerns / mistakes.”

Social Safety: feeling included, welcomed, “belonging”



Spectrum of Escalation



Questions to consider:



- **How do we promote safety pre-emptively?**
- **How do we continue to keep our cool even when someone is escalating?**
- **What's Engagement? What's Intervention?**
- **What else is important to consider AFTER an event, to offer care & repair any harms done?**

Debriefing tips

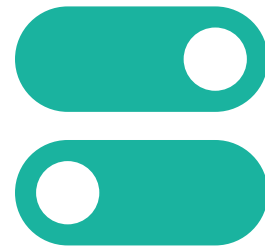
Post-
intervention

Debriefing is:

- **Not a therapy session**
- **Not a blame or shame session**
- **A learning opportunity**
- **Not time-dependent**



Shifting the lens –
Understanding
TRAUMA and
**TRAUMA-INFORMED
CARE (TIC)**



Defining Trauma

*"Trauma results from **an event, series of events, or set of circumstances** that is experienced by an individual as **overwhelming or life-changing** & has **profound effects on the individual's psychological development or well being**, often involving a physiological, social, and/or spiritual impact."*



Defining TRAUMA- INFORMED CARE

“Trauma-informed care is an approach to **engaging people** with histories of trauma that **recognizes the presence of trauma symptoms** and **acknowledges the role that trauma has played in their lives.**”

-National Center for Trauma Informed Care
(NCTIC, www.samhsa.gov/nctic, 2013)

Trauma Informed Care:

What is it?

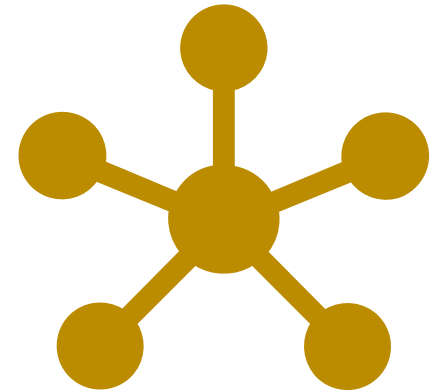
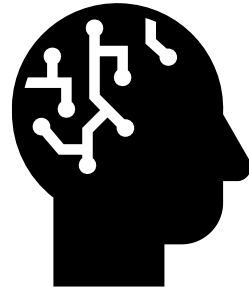
BEING:

- SAFE
- PREDICTABLE
- CARING /
COMPASSIONATE



CHAT ???

What helps you to manage and to not take certain behaviors and attitudes of others "personally" ?



Trauma
Informed Care:

What is it?

BEING:

- **SAFE**
- **PREDICTABLE**
- **CARING /
COMPASSIONATE**



Trauma Informed Care:

What is it?

**Why is it
important?**

BEING:

- **SAFE**
- **PREDICTABLE**
- **CARING /
COMPASSIONATE**





Trauma- informed Care considerations

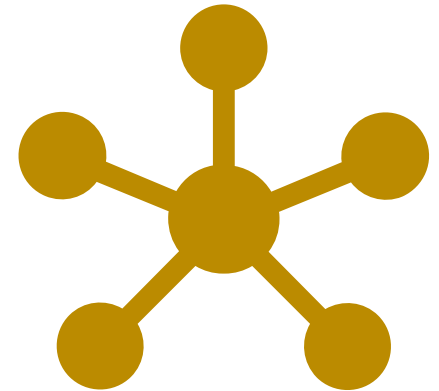
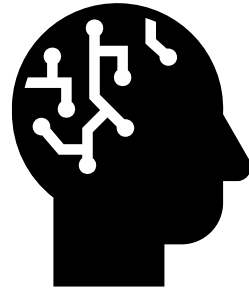
- 2/3 of us have trauma histories
- Trauma = wounds (often you don't see)
- Complex trauma >> slow accumulation
- Trauma response are "stored" in our brains and bodies

How do we "give the benefit of doubt?"

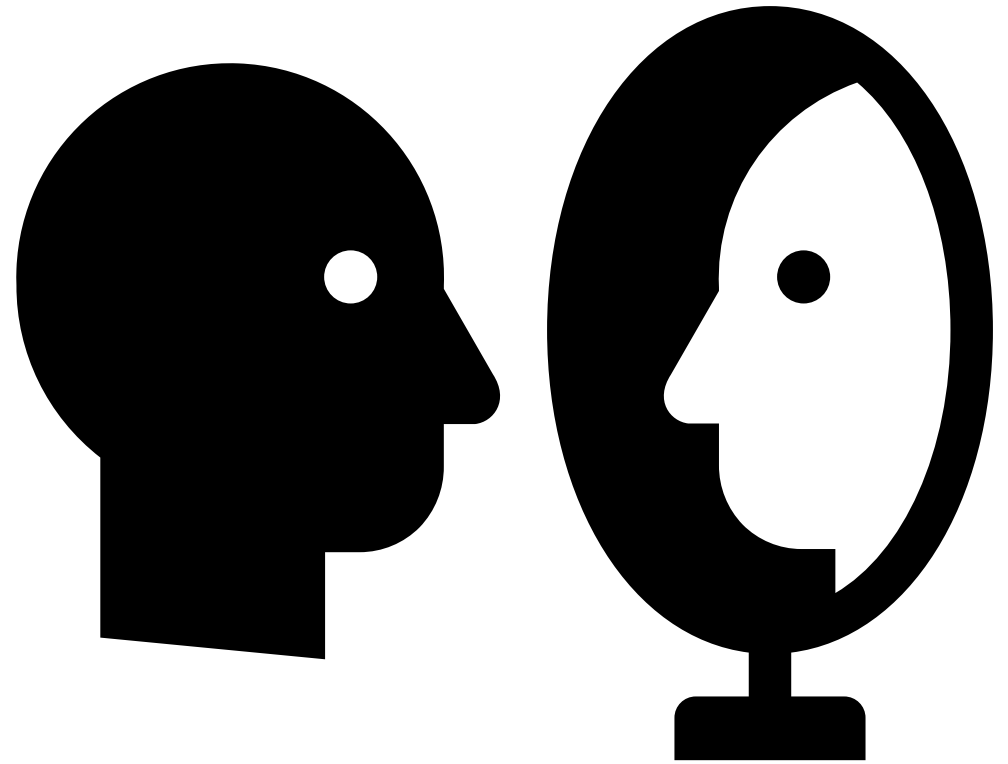
How do we not "take things personally?"

CHAT ???

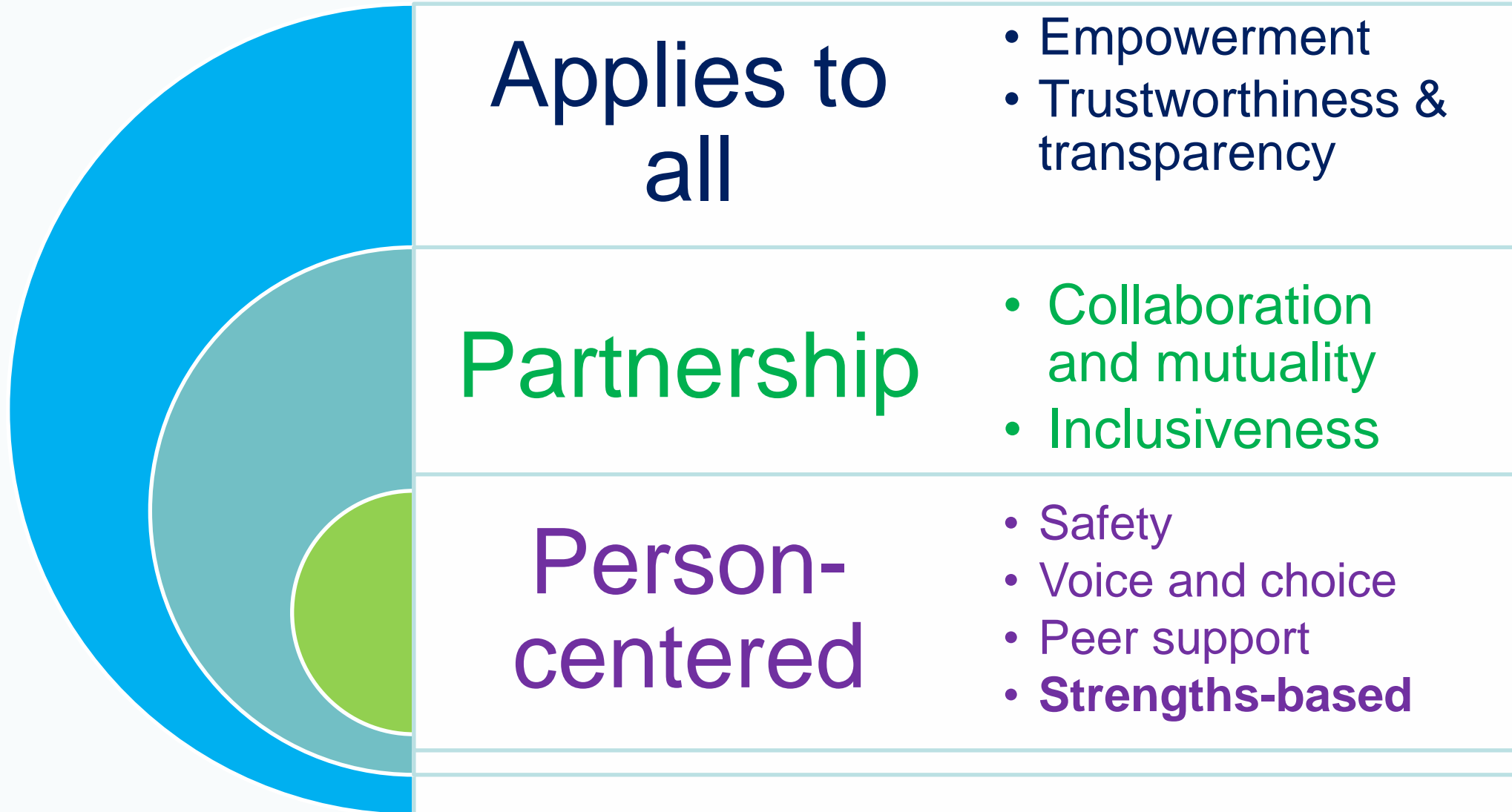
What helps you to manage and to not take certain behaviors and attitudes of others "personally" ?



Mirroring & Modelling

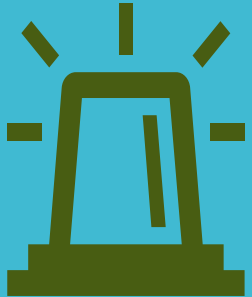


Key Principles of TIC Approaches



Where to start?

Be **PREPARED!**



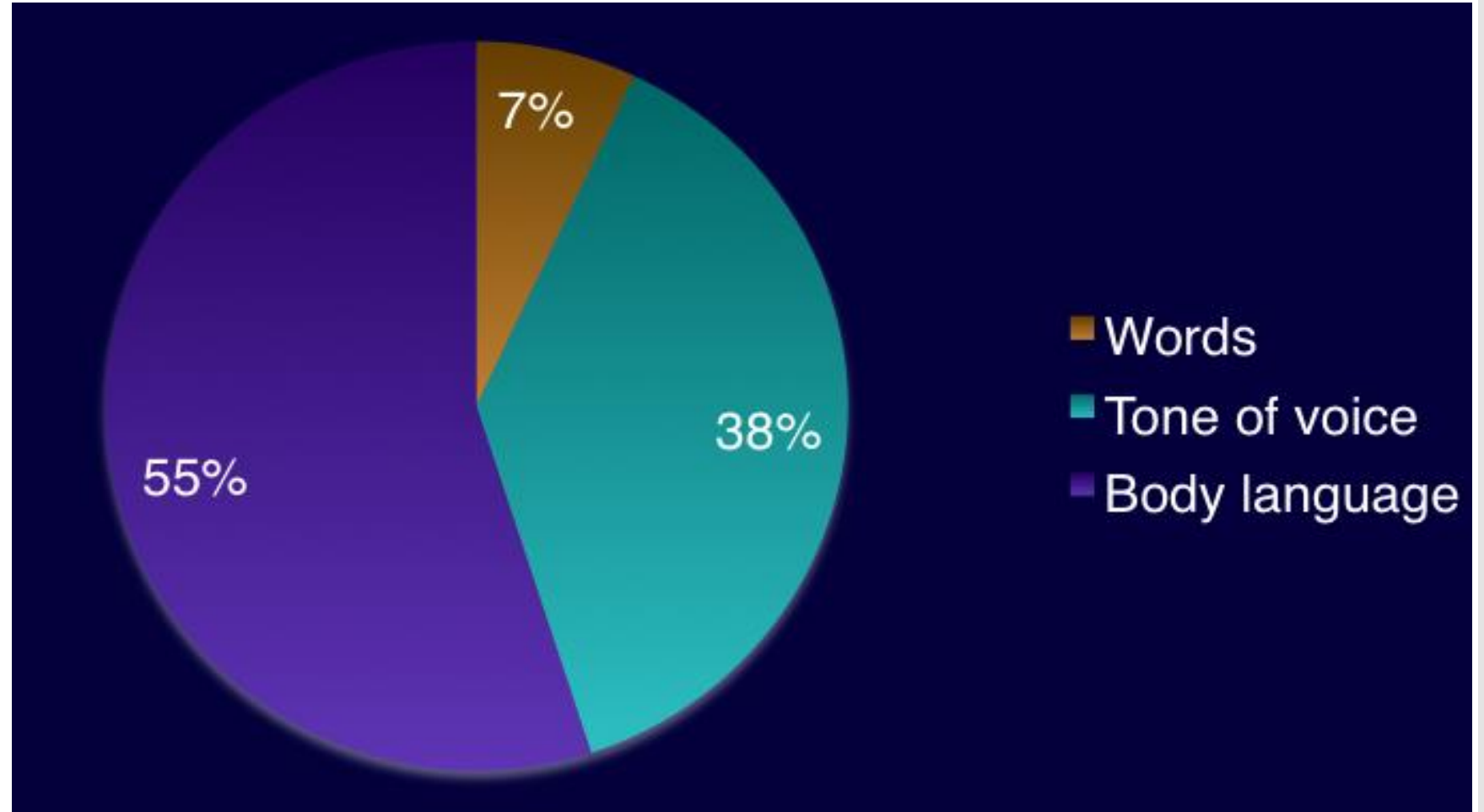
PERSONAL PREPAREDNESS

includes:

- 1) **Mental/emotional preparedness**
- 2) **Verbal preparedness**
- 3) **Physical & Environmental prep**

Communication

93% of what we process is Non-verbal communication



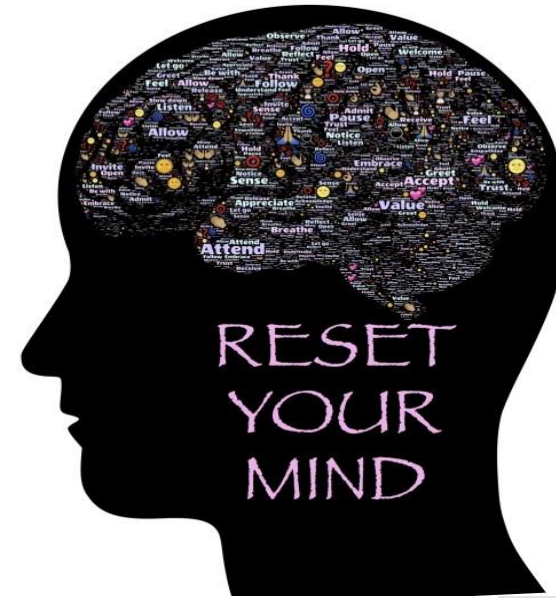
Please lead
with ...



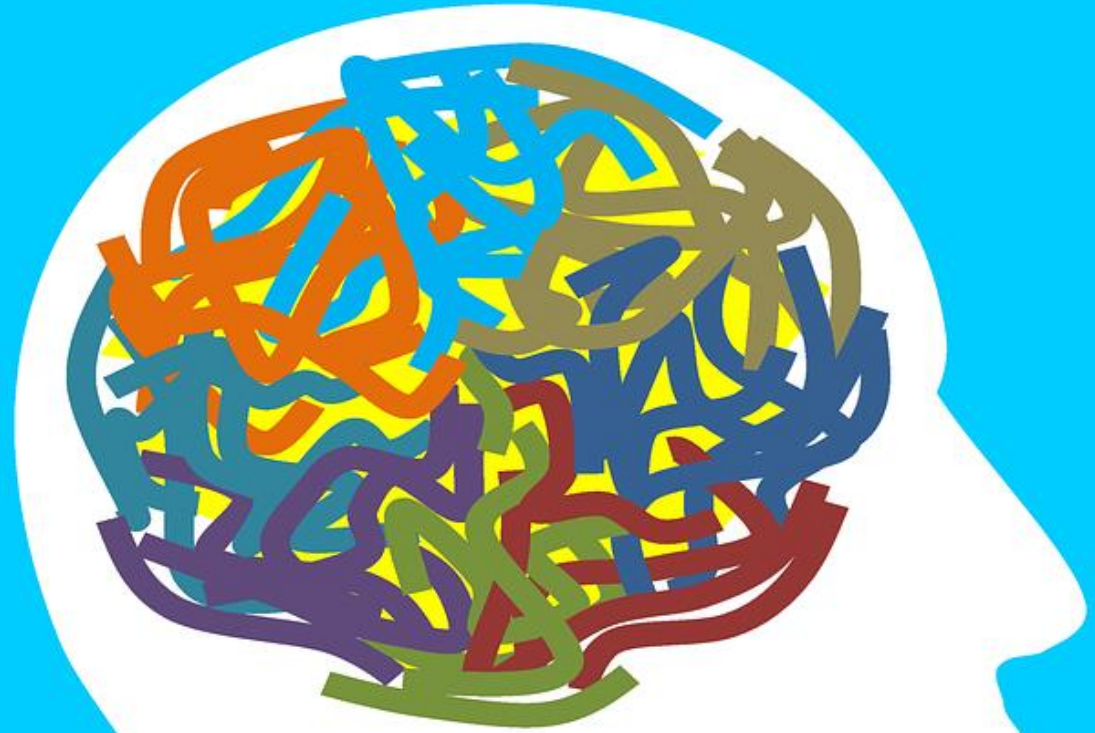
***“This person is
having a hard time”***

Check Yourself!

- What helps you prevent yourself ...
 - From over-reacting?
 - From under-reacting?
 - What is your FIRST action to de-escalate yourself or others?
 - Keep it simple to start
 - PRACTICE Helps!
- When/How do you practice?



WOUNDS
WE DO **NOT**
SEE

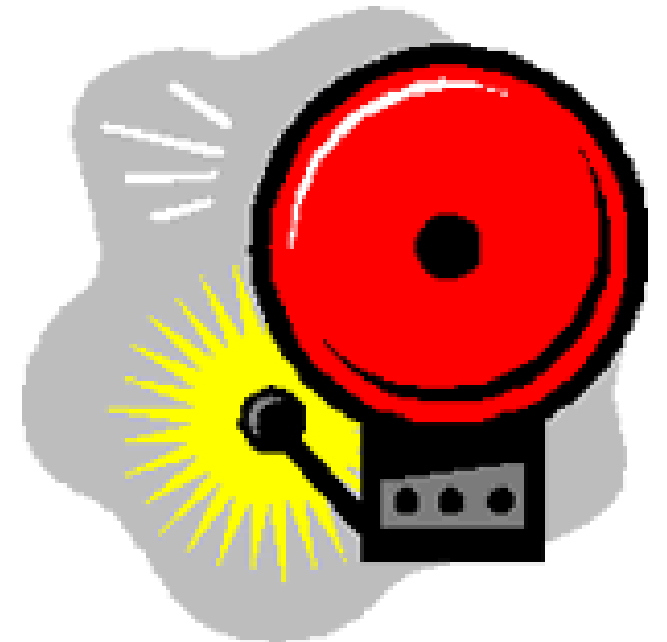


Our brains
have **THREAT
ALARMS** that
go off ...

*“When people are terrorized
(threatened), the smartest parts of
our brain tend to shut down....”*

Bruce Perry, MD, PhD

What are examples of Triggers
of our threat alarms?



Human
(triggered)
responses to
threat:

FIGHT

FLIGHT

FREEZE



**Before
we can
think...**

We react

Human
(triggered)
responses to
threat:

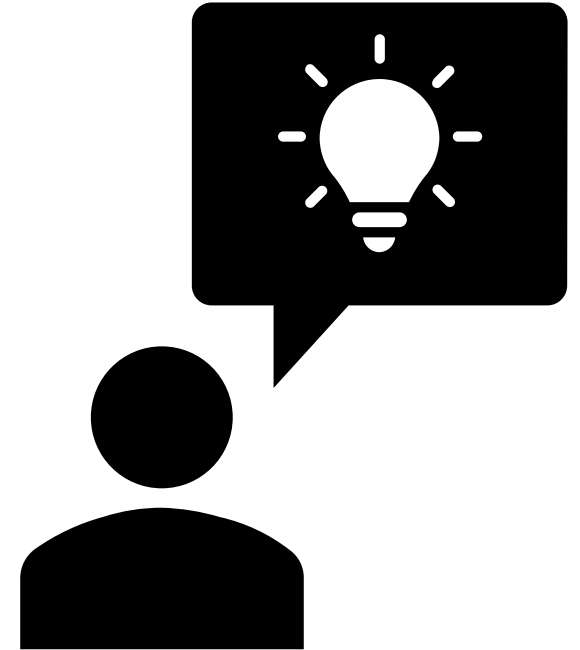
FIGHT

FLIGHT

FREEZE

My Triggers:

- **Conscious**
 - **Hateful words**
 - **Weaponized words**
 - **Unwanted touches**
- **Unconscious**
 - **Certain Smells**
 - **Heat + Stress**
 - **Hunger + Tired**



Human
(triggered)
responses to
threat:

FIGHT

FLIGHT

FREEZE



Passive

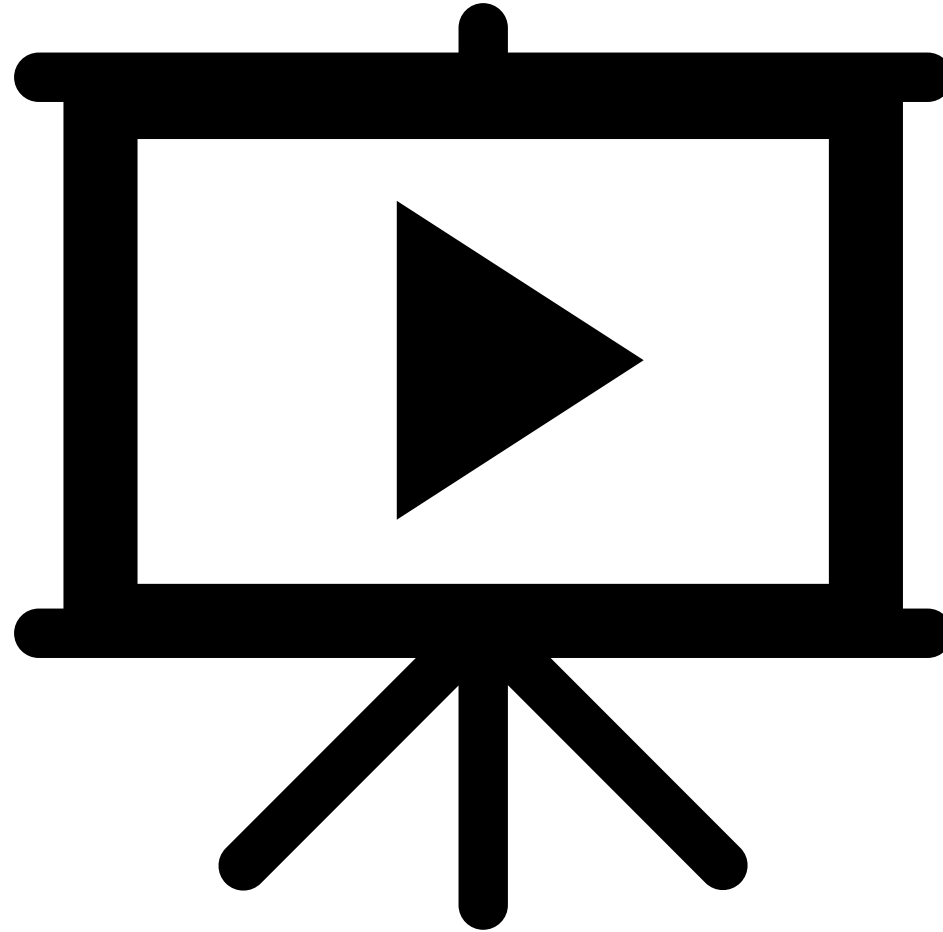


Assertive

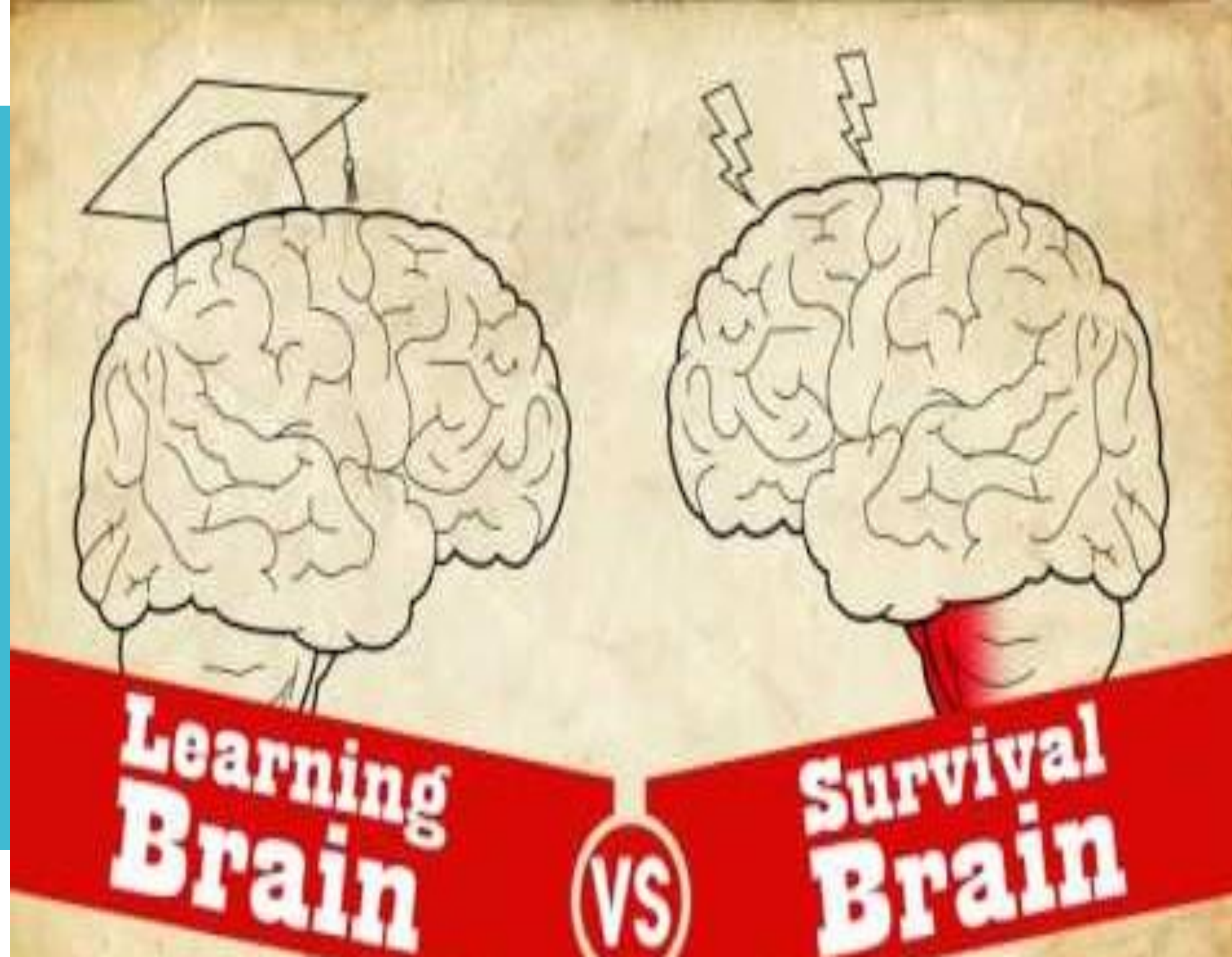


Aggressive

Let's watch a
video



Let's watch a
video:
Dr Jacob Ham:
Learning Brain
versus
Survival Brain



Where to start?

Be **PREPARED!**

PERSONAL PREPAREDNESS

includes:

- 1) **Mental/emotional preparedness**
- 2) **Verbal preparedness**
- 3) **Physical & Environmental prep**

Be PREPARED!

MENTALLY &
EMOTIONALLY

- Know your “buttons”
- Know your biases
- Do not re-act aggressively
- Model calm & composure
- Have a plan - - What to do?



Be PREPARED!

VERBALLY

- Choose your **WORDS** carefully
- Do not get loud when they do
- Watch your **TONE** of voice – avoid “talking down”



Be PREPARED!

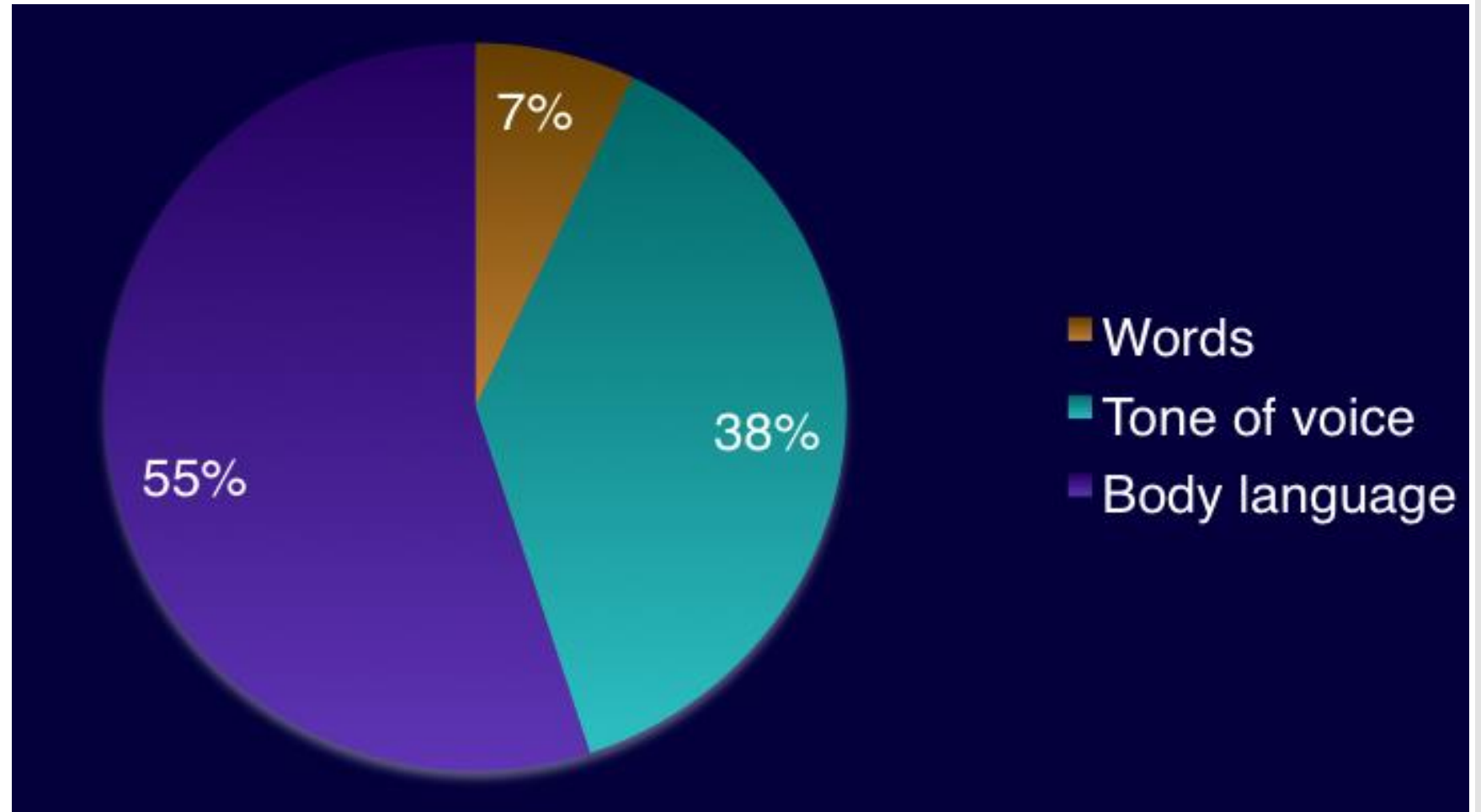
PHYSICALLY
& in our unique
ENVIRONMENTS
of care

- **Respect people's "bubble"**
- **Use non-threatening body language**
- **What is your Exit Plan?**
 - **Stepping away?**
 - **"Follow me"**
... to where?



REMEMBER: Communication

93% of what
we process is
Non-verbal
communication



Final Notes

+

**Elephants
in the Room
(please use
chat)**



4 slides before
today's completion.

Any comments /
questions in the chat
are welcomed.

BONUS: *Take home
activity* preview too!



Resist the
impulses to
say ...

These questions/statements
may **not** be helpful:

- *“Why are you doing that?”*
- *“You need to calm down.”*
- *“Stop yelling!”*
- *(starting with:)“ Swearing is
against our policy”*



Reframing

These questions/statements may be more helpful:

- *"May I help you?"*
- *"Are you ok?"*
- *"I want to help."*
- *"It's difficult to hear you when you are yelling"*
- *(quietly, near person:)
"Swearing is not ok ... I'll follow up"*



SOME BASICS:

What to DO

What to AVOID doing

Please AVOID

- Getting loud
- Talking fast
- Ignoring people
- Leading w/ WHY ???
- Making assumptions
- Judgmental words
- Over-using NO or BUT
- “Challenging” an upset person
- Hard-to-achieve goals

Please DO

- Ask them about their experience
- Actively listen
- Model Calm / Respect
- Validate emotions
- Connect b4 Correct
- Use “We” statements
- Find points of Agreement
- Offer Choices (2-3)
- Express Gratitude

Tools for your toolbelts



- **Go-to phrases**
- **Go-to body posture**
- **Go-to tone of voice & volume**
- **Safe words (& knowing unsafe words)**

For your Practice!

{WHEN do you practice???

- **Stances & Postures**
- **Phrases: "I want to help" + "Not Ok"**

Take Home Activity

Create 3 rows or columns

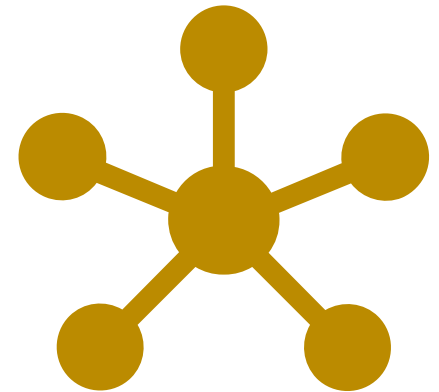
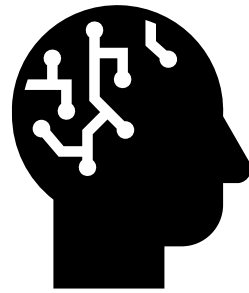
- Column 1: What do I WANT TO DO in stressful situations (RE: behavior, attitudes, body language)?
- Column 2: What do I NOT want to do?
- Column 3: What are the "MAYBEs"?

Feeling Stuck? Consider ...

- How do I avoid Over-responding or Under-responding?
- What do I want to look like/sound like -if I could see me?

Q&A - chat

+ preparing
for Module 2



Summary

Key Points:

De-escalation

- Respect personal space
- Be non-threatening
- Be a good listener
- Don't take things personally
- Be calm & concise when speaking (rule of 5)
- Search points of agreement
- Validate the other person
- Offer choices

Be ready to calmly repeat yourself

WOW!

That's just an
introduction ...



There is so much more that could be discussed...



Thank you!

grace

Contact info

Marty Reinsel, MA, LMHC

reinselconsulting@gmail.com

reinselconsulting.com

cell: 206-419-5547 (call/text)