

De-escalation Techniques for Mental Health

EMS conference

4.2.16

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General De-escalation Guidelines

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1. Respect personal space
 2. Do not be provocative
 3. Establish verbal contact
 4. Be concise
 5. Identify wants and feelings
 6. Listen closely to what the patient is saying
 7. Agree or agree to disagree
 8. Lay down the law and set clear limits
 9. Offer choices and optimism
 10. Debrief the patient and staff
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Respect personal space

- Maintain 2 arms length distance when approaching
- Gives patient sense of safety
- Gives EMS space needed to observe potential hazards.
- If patient asks for more space, do so immediately
- Both patient and EMS should have clear exit



Do not be provocative

- Demonstrate safe body language and speech
 - Hands visible, not clenched
 - Knees slightly bent
 - Avoid directly facing (looks confrontational)
 - Calm demeanor and facial expression
 - Demeanor match what is being said
 - Avoid criticism or insults or humiliation



Establish Verbal Contact

- First to make contact should be designated to de-escalate the patient. –send someone trained to be first contact.
- Limit confusion to patient by having a spokesperson.
- Other EMS monitor for safety, bystanders, potential hazards, alert other responders.



Verbal Contact, cont.

- Introduction, title and name. Be polite.
- Explain that you are there for patient's safety.
- Reassure patient
- Ask for his/her name.
- Ask what they'd prefer to be called. Gives pt a sense of control, reassurance.



Be Concise

- Use short sentences
- Simple vocabulary
- Avoid confusion
- Give pt time to process and respond
- May require repetition
- Set limits, offer choices, propose alternatives



Identify Wants and feelings

- Ask what the patient wants/needs
- “Even if I can’t provide it, I would like to know so we can work on it”
- Look for body language that communicates want/need for reassurance, safety, understanding.



Listen to the Patient

- Reflection: tell me if I have this right...
- Miller's Law: "To understand what another person is saying, you must assume that it is true and try to imagine what it could be true of".
 - Helps to be less judgmental
 - Increases understanding
 - Assists in de-escalation



Agree or Agree to Disagree

- Find something to agree upon
- Validation strategies— “You don’t have to understand what the patient understands, but understand that they understand what they are telling you they understand”.
- Agree to disagree- some stuff doesn’t make sense, it’s ok to agree to disagree vs challenge.



Lay down the law

Set Clear Limits

- Inform about acceptable/unacceptable behaviors
- Tell the patient that harm to self or others is unacceptable.
- Reassure intent to help. “what you’re doing isn’t working, let’s do ____ to ensure your/our safety”.
- Reinforce limits when breached. “I want to help you regain control and establish acceptable behavior”.



Limits, cont.

- Once limits are followed, teach pt how to stay in control
- “I really want you to sit down; when you pace I can’t focus on what you’re saying. I bet you could help me understand if you calmly tell me your concerns”.



Offer Choices and Optimism

- Choice provide empowerment, sense of control
- Propose alternatives to violence
- Only propose what can be provided



Debrief the Patient and staff

- Explain why the intervention was necessary
- Let patient explain from their perspective.
- Teach how to request a timeout or how to express him/herself.
- Reinforce ideation of skillful future behavior.



Debrief staff, cont.

- Discuss what went well, what didn't go well.
- Communicate anything that felt uncomfortable and discuss future safety.
- Express gratitude to fellow staff assistance.



Aggressive patients

- **Instrumental aggression** -learned to get things by acting aggressive. *Not driven by emotion.*
“let’s not do this”. Reminder of limits.
- **Fear Driven Aggression** – *driven by emotion.*
Give space. Reassurance. Reminder of safety.



Aggression, cont.

- **Irritable Aggression 1** – has had boundary violated, wants to be heard and understood.
- **Irritable Aggression 2** – pt's looking for a platform to “go off”. Don't give an audience or platform. Stay neutral. Give possible options and “broken record” return to those options.



Summary

- No scientific protocol. Patients are fallible, staff is as well,
- Do your best, follow the guidelines and it reduces risk, increases likelihood of safety.
- Smile—you gotta love it.

