

VERBAL DE-ESCALATION CRISIS INTERVENTION

Crystal Eastman, NR Paramedic, AAS

Disclosure

- Crystal Eastman, NR Paramedic, AAS has no financial relationships with commercial interests to disclose

Learning Objectives

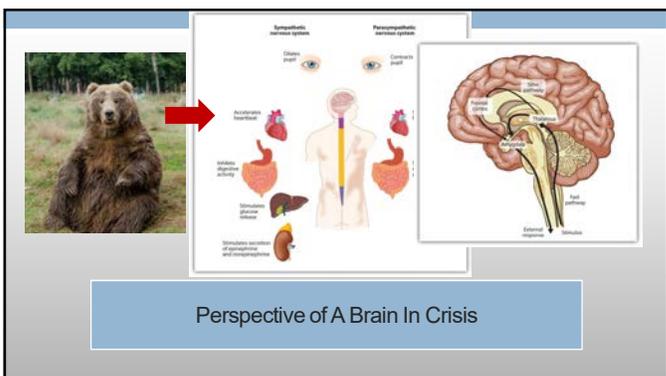
We are going to Explore

- Discuss how to shift perspectives in order to communicate effectively.
- Review different verbal de-escalation techniques for varying situations.
- Explain the continuum of agitation and how to recognize when a situation with a person who is agitated becomes unsafe.

Perspective:
Our Current Behavioral Health System

Colorado ranks 6th in the nation for suicide rates. Suicide is the leading cause of death in ages 10-24 & the 7th leading cause of death overall.

In 2012 - 286 dedicated psychiatric beds	3 in 10 Coloradans in need.
• That's 12 per 100,000 people- the lowest # per capita in the country	• 22 counties have no licensed psychologist.





The Importance of Safety

Build Rapport



Counter Will

Connect before you direct

Empathy



RSA Shorts: Dr. Brené Brown, "The Power of Empathy"

Verbal Techniques



Non-verbal cues

- 7% words
- 38% tone, inflection, volume and rate
- 55% body language

Verbal Techniques



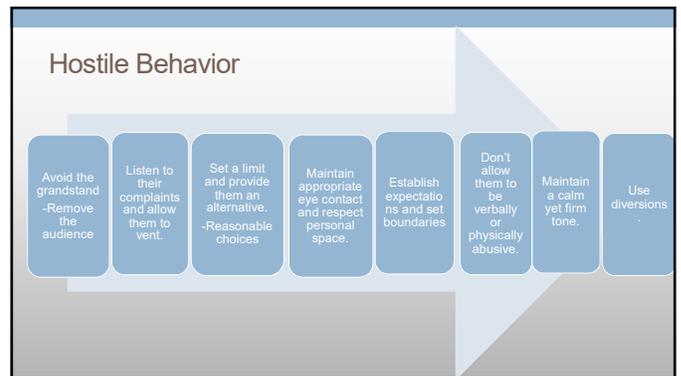
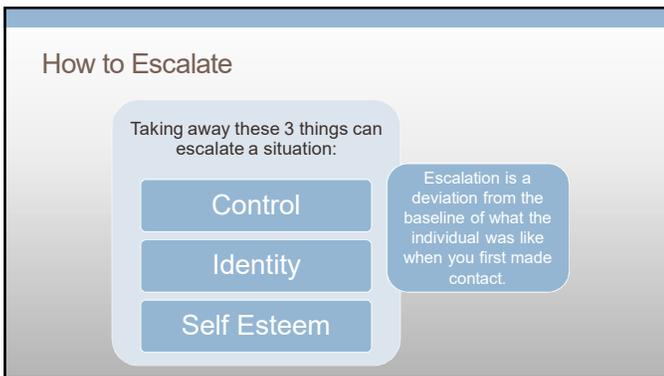
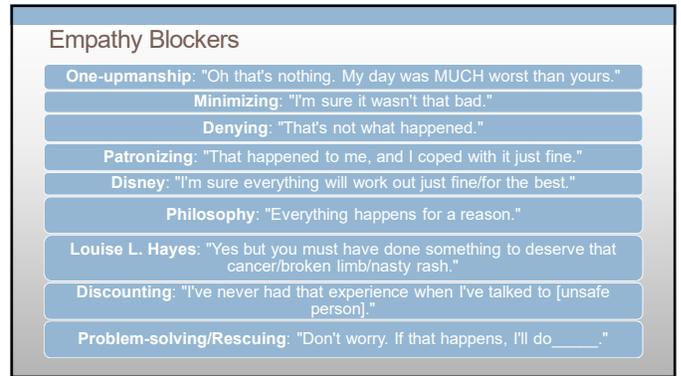
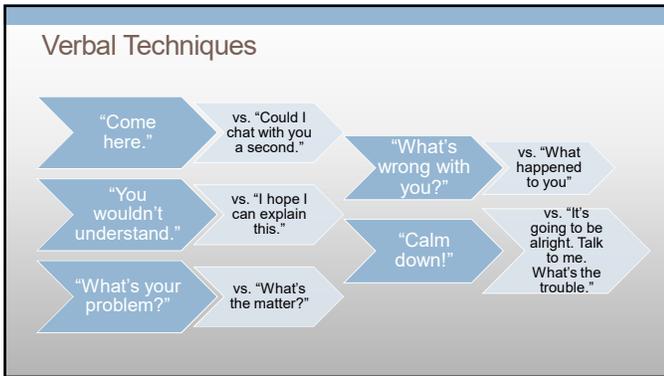
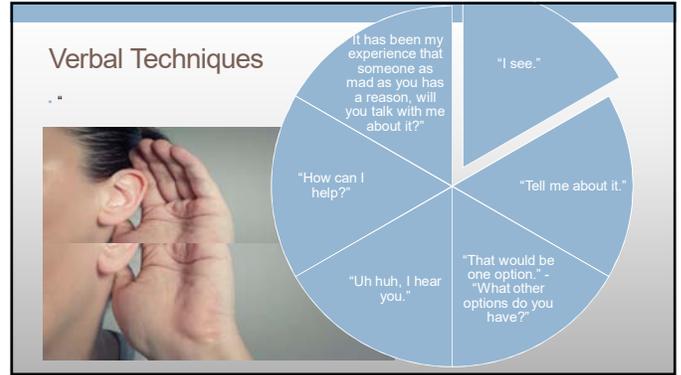
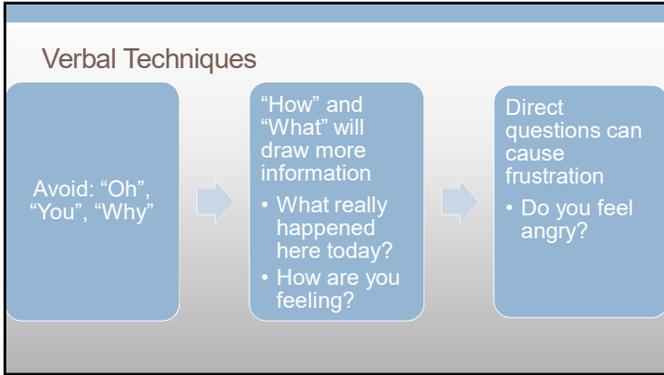
- Reflective feelings**
 - Mirror back emotions
 - Validates the person
 - Non-confrontational, builds rapport
- Paraphrasing**
 - Shows understanding
- Summative reflections**
 - Clarifies issues, confirms information

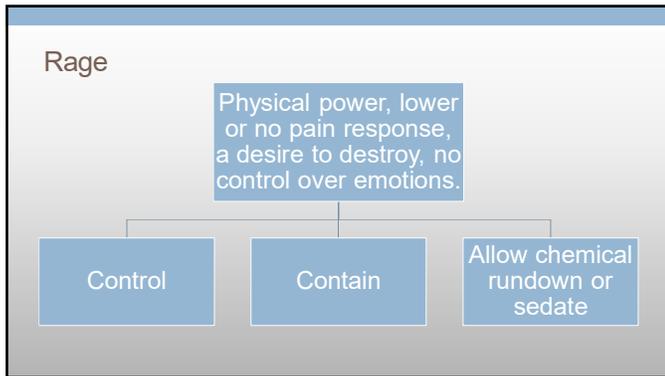
Verbal Techniques



Attacks are symptoms of larger problems

- Defending yourself invites counterattacks
- Redirect (Use Strip Phrases)





Panic

Anxiety, hysteria, cognitively immobilized.

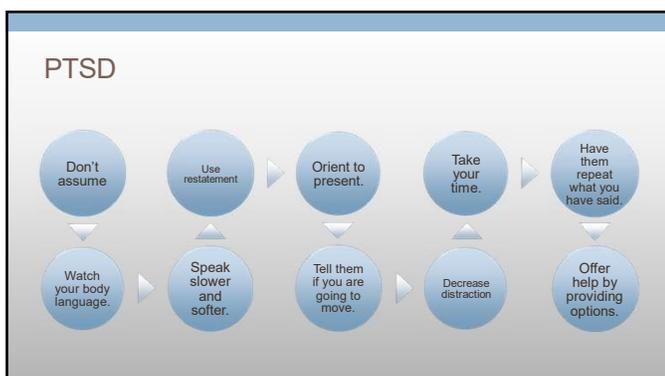
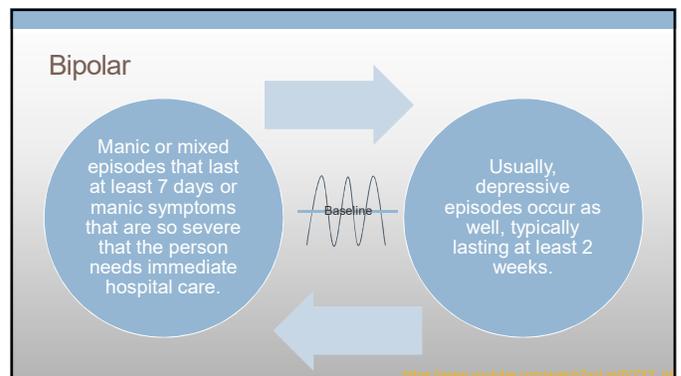
- Be specific and direct.
- Become their outboard brain.

• *Anxiety disorders are the most common of all mental health disorders*

Depression

Hopelessness, and helplessness, flat affect, suicidal verbalizations and threats. "Well. Yes, but..." responses, feeling alone, and problems with substance abuse.

- Focus on ambivalence.
- Why are they still talking to you?
- Create hope through empowerment.
- Decrease helplessness.
- Avoid minimizing their feelings.
- Only focus on support systems when you know their feelings about the support people.
- Take away the urgency for suicide.
- Provide reassurance.



Personality Disorders

Limbic brain processing

- You will not eliminate their behavior no how much logic you use.
- Simplify.
- Address feelings before facts.
- Do not need to tolerate threats or abuse.

Separate the person from the behavior.

Ignore attacks and keep focus on your message.

Ask questions.

- How can we solve this problem?

You will not change their behavior or thoughts. Your goal is simply to communicate in a way that respects both parties.

Chronically Mentally Ill

Disorganized thought processes, delusions, paranoia, processing and decoding errors. Erratic, magical and or superstitious thinking.

- Avoid challenging their disorganized thought processes.
- Focus on their emotions generated by the issue.
- Provide suggestions that are realistic with their emotions, not their thoughts.

Intellectual Disabilities

Autism, Down Syndrome, Cerebral Palsy, Fetal Alcohol Syndrome, and others.

- Trust is key.
- Before firing off questions, establish a rapport.
- Try and place yourself eye level.
- Present yourself in a professional manner.
 - Don't talk down to them.
- Short sentences, concrete words.
- Allow time for them to process your question before asking another.
- Remove distractions.

Alzheimer's Disease

- Take it slow
- Ask simple questions
- Limit reality checks
- Keep eye contact

Information courtesy of the Alzheimer's Association of America

Avenger

Workplace violence and school shooter, perceived injustice, feeling victimized, externalization of responsibility, developed a grudge, obsessed with avenging and avenging action.

- Empathize with their perceived injustice.

Sociopathic

- Avoid power struggles and threatening their ego
- Let them find solutions (that you have already decided)
- Acknowledge their needs and dilemmas
- Depersonalize: your hands are tied if they do not comply

Manipulative, self-centered, self-serving, calm when others would experience fight or flight.
Lacks empathy.



Cultural Barriers

- All cultures want to be respected and treated with dignity, regardless of the situation.
- All people would rather be asked than told what to do.
- All people want to know why they are being asked or told to do something.
- All people would rather have options than threats.
- Finally, all people want a second chance to make matters right.

Managing the patient who has responded to de-escalation

- Explain what is to happen
- Patient must ride on pram; this is the safest place in the ambulance
- Seat belts added with the big red "press" button turned upside down
- Direction given that touching the seatbelts is not acceptable
- Fear can precipitate acting out
- Be wary of patients who cannot follow directions



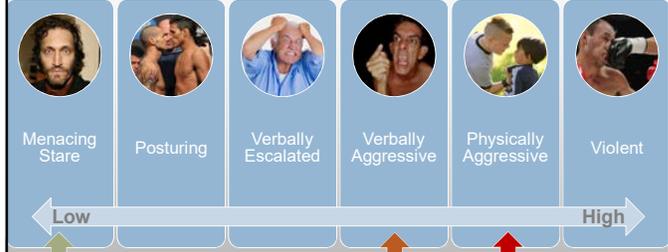
Info courtesy of Thom Dunn, PhD, NRP

Continuum of Agitation



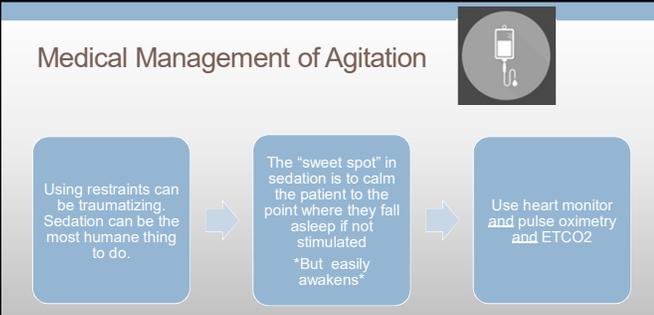
Info courtesy of Thom Dunn, PhD, NRP

Continuum of Agitation



Info courtesy of Thom Dunn, PhD, NRP

Medical Management of Agitation



Info courtesy of Thom Dunn, PhD, NRP

We are all bodies of broken bones. I guess I'd always known but never fully considered that being broken is what makes us human. We all have our reasons. Sometimes we're fractured by the choices we make; sometimes we're shattered by the things we would have never chosen. But our brokenness is also the source of our common humanity, the basis for our shared search for comfort, meaning, and healing. Our shared vulnerability and imperfection nurtures and sustains our capacity for compassion. We have a choice. We can embrace our humanness, which means embracing our broken natures and the compassion that remains our best hope for healing. Or we can deny our brokenness, forswear compassion, and, as a result, deny our own humanity.

-Bryan Stevenson. *Just Mercy*

Be the Professional



The key to our success—not to mention our survival—is our ability to stay calm and avoid the anger that makes us ineffective.



When we are no longer able to change a situation, we are challenged to change ourselves. – Viktor E. Frankl



Summary

Goals of de-escalation

- Win the person over. No matter what is said, you're going to deflect the abuse, not take it personally, remain professional, and keep your eyes on the purpose.
- Empathetic communication:
 - Strive to see the person the way they see themselves.

Conflict can be seen as a gift.

- A communication game that helps you learn to master yourself.

Respond to people, never react.

Compassion is the best medicine

Resources

- **Colorado Crisis Services or Rocky Mountain Crisis Partners**
 - 24/7 crisis line 1-844-493-TALK(8255)
 - Walk-in locations 4353 E. Colfax Ave
 - Provides confidential and immediate support and always provides follow up phone calls.
 - Staffed by a trained professional with a master's or doctoral degree, or trained peer specialist who has overcome similar experiences.
- **Vet Crisis Line** 1-800-273-8255 press1
- **National Alliance on Mental Illness (NAMI)**
 - Mission to build communities of recovery and hope by educating, supporting and advocating for individuals affected by mental illness and their families.
 - Free educational classes about mental illness, Support groups for those with mental illness and their families, Political advocacy.
 - 303-504-6545 namidenver.org

Mobile Crisis

- The paramedics of the mental health profession in Denver 1-844-493-8255

Mental Health Center of Denver (MHCD)

The primary Mental Health Provider in Denver 303-504-7700

Information Sources



Level One Crisis Intervention Training by the Denver Police Department

- Nicoletti-Flater and Associates



Verbal Judo, Second Edition: The Gentle Art of Persuasion

- George Thompson PhD