De-escalation and Incident Management Pre-Conference

Matt Bennett, MA, MBA
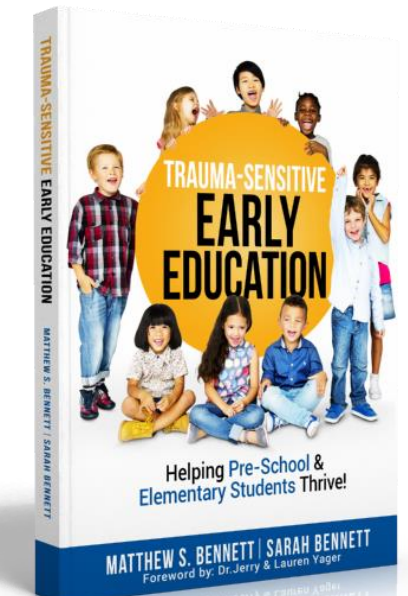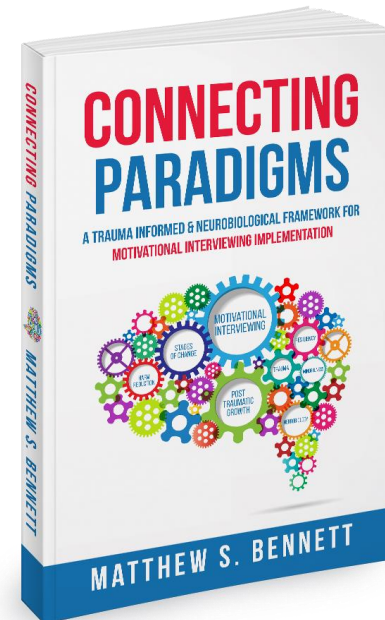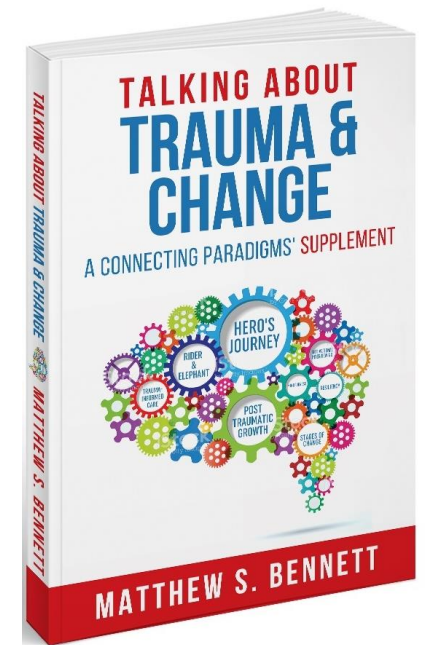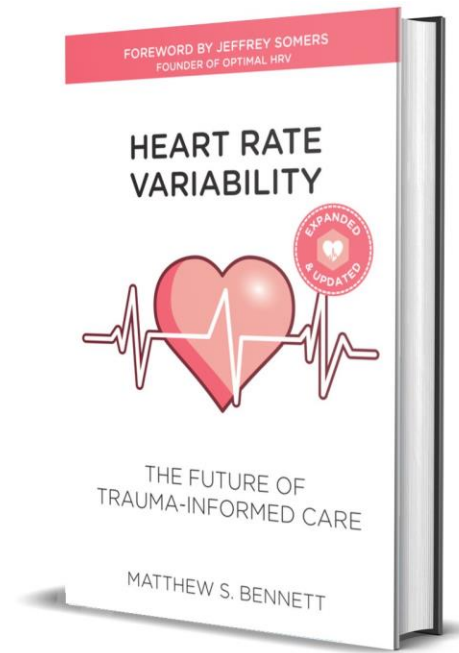
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Before our journey

- Talking trauma

- Acknowledging our current situation

- The "why" behind behaviors is difficult – be gentle with yourself

- Format
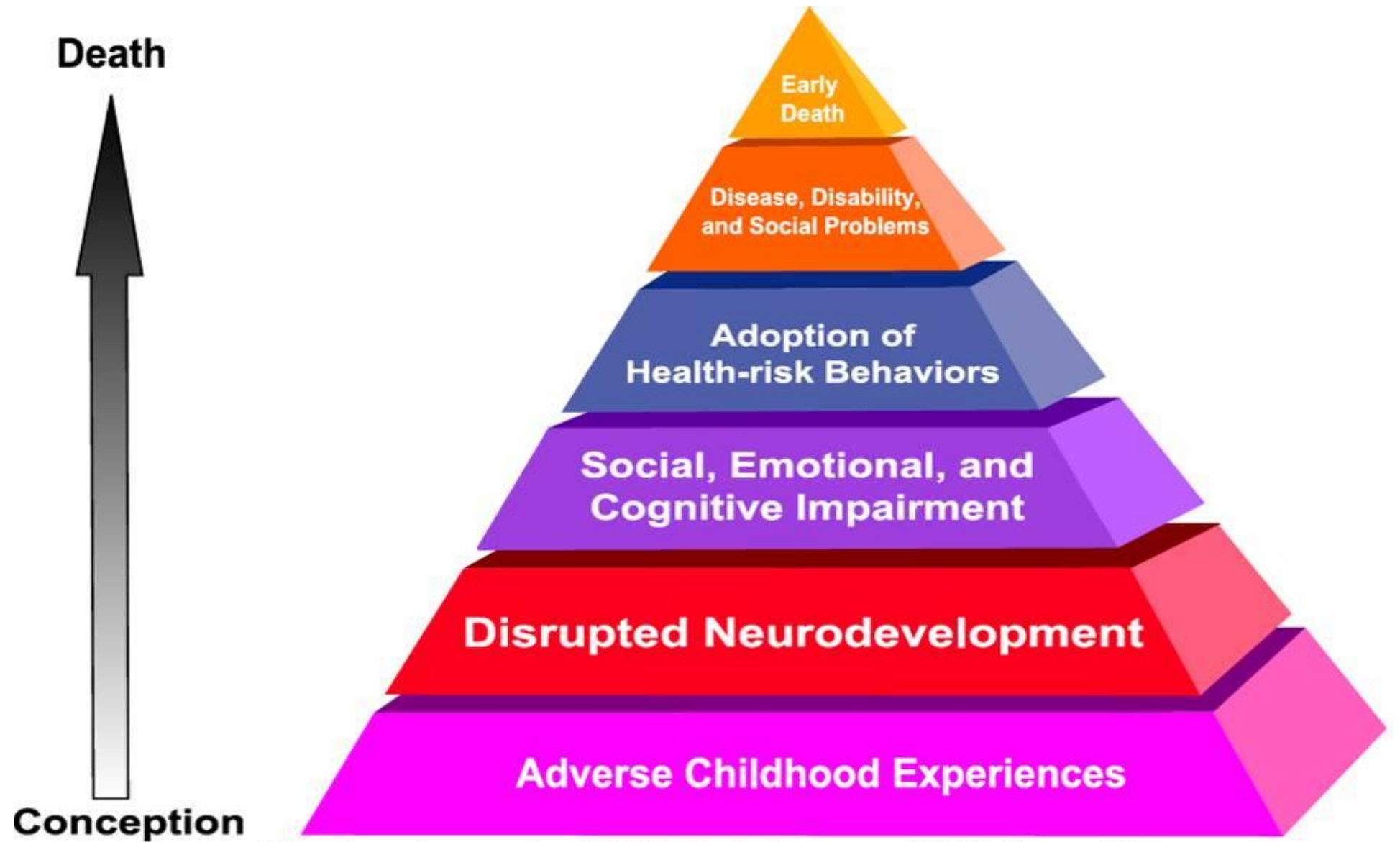
Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

Introductions

- Name
- Position
- What are some challenges you and your organization face around escalation and incident management?
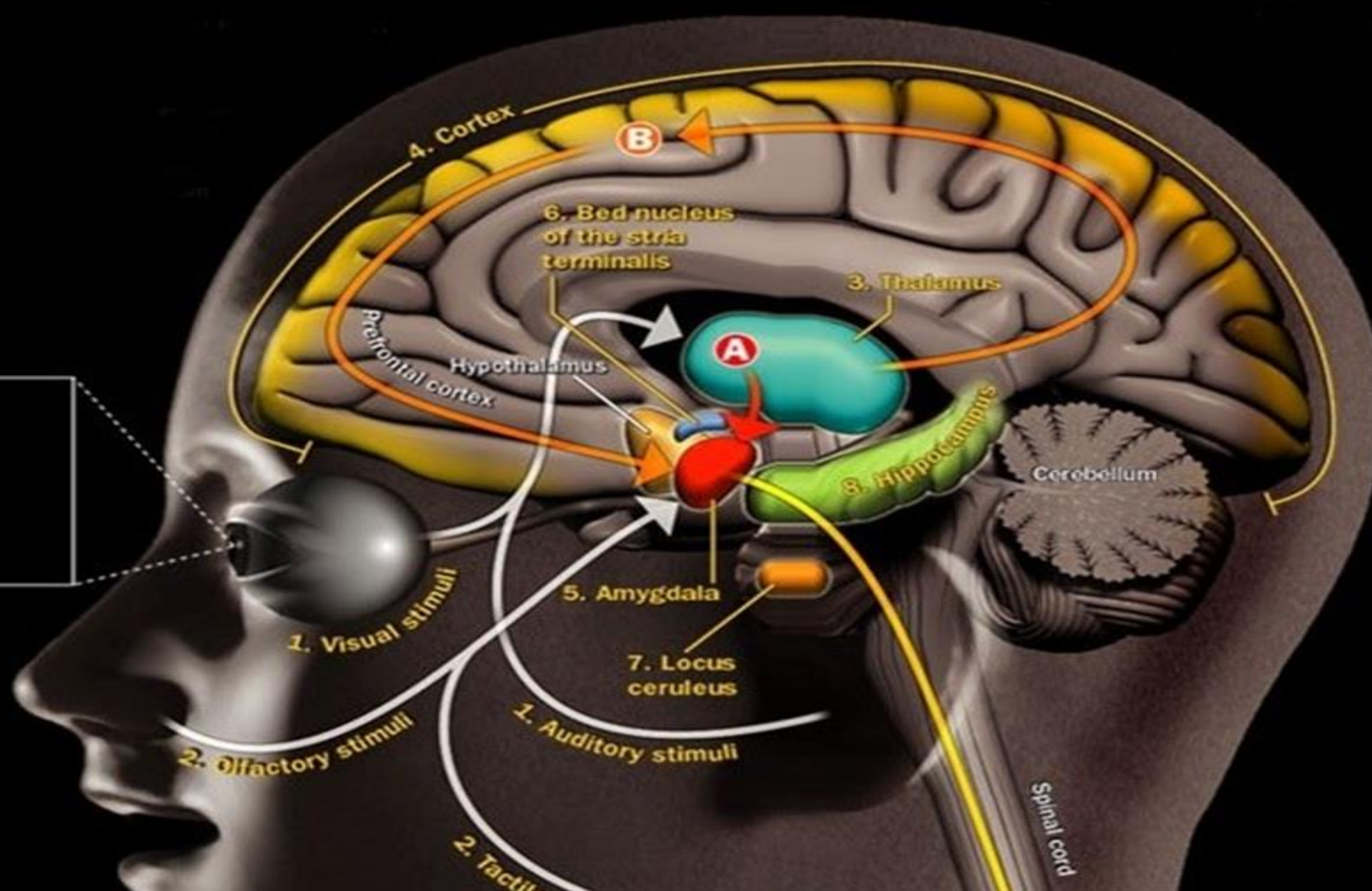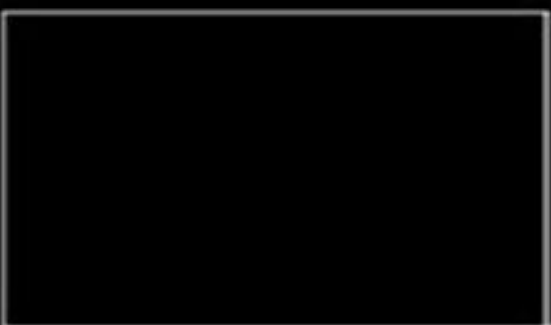
Strategies for Initial Contacts: Expectations

- Sharing patient's rights

- Communicating behavioral expectations

- Helping set up an understanding of what a typical visit will look like

How do you currently communication patient expectations? Any ideas for improvement?

GROUP QUESTION

4. Cortex

B

6. Bed nucleus of the stria terminalis

3. Thalamus

A

Prefrontal cortex

Hypothalamus

8. Hippocampus

Cerebellum

5. Amygdala

1. Visual stimuli

7. Locus ceruleus

2. Olfactory stimuli

1. Auditory stimuli

2. Tactil

Spinal cord

Can you identify any incidents that might be associated with re-traumatization?

GROUP QUESTION

Strategies for Initial Contacts: Intake & Assessments

- What information do we need to collect for funders?

- In what time frame are we required to gather this information?

- Are there potentially retraumatizing questions? If yes,
  - Can we discontinue these questions?
  - If we must ask them, how can we best alert the patient that we need to ask difficult questions?
  - How do we check in to ensure that we are not harmed when asking these difficult questions?

- How do we empathetically bring up the availability of mental health and substance use treatment if appropriate?

Strategies for reducing retraumatization

- What about the experience that might trigger re-traumatization?

- Can we eliminate these trigger events?

- How do we communicate that specific procedures might be difficult and triggering?

- What power and control can we give patients during potentially triggering procedures?

WINDOW OF TOLERANCE

Flight – Fight – Freeze

Rigidity   Chaos

Window of Tolerance: Executive functioning (emotionally regulated, cognitively engaged, socially connected)

Siegel, 2010; Ogden, Minton, & Pain, 2006; Wilson and Lindy, 1994

Can you identify how accumulated stress might be associated with the increase in incidents?

GROUP QUESTION

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Spinal cord
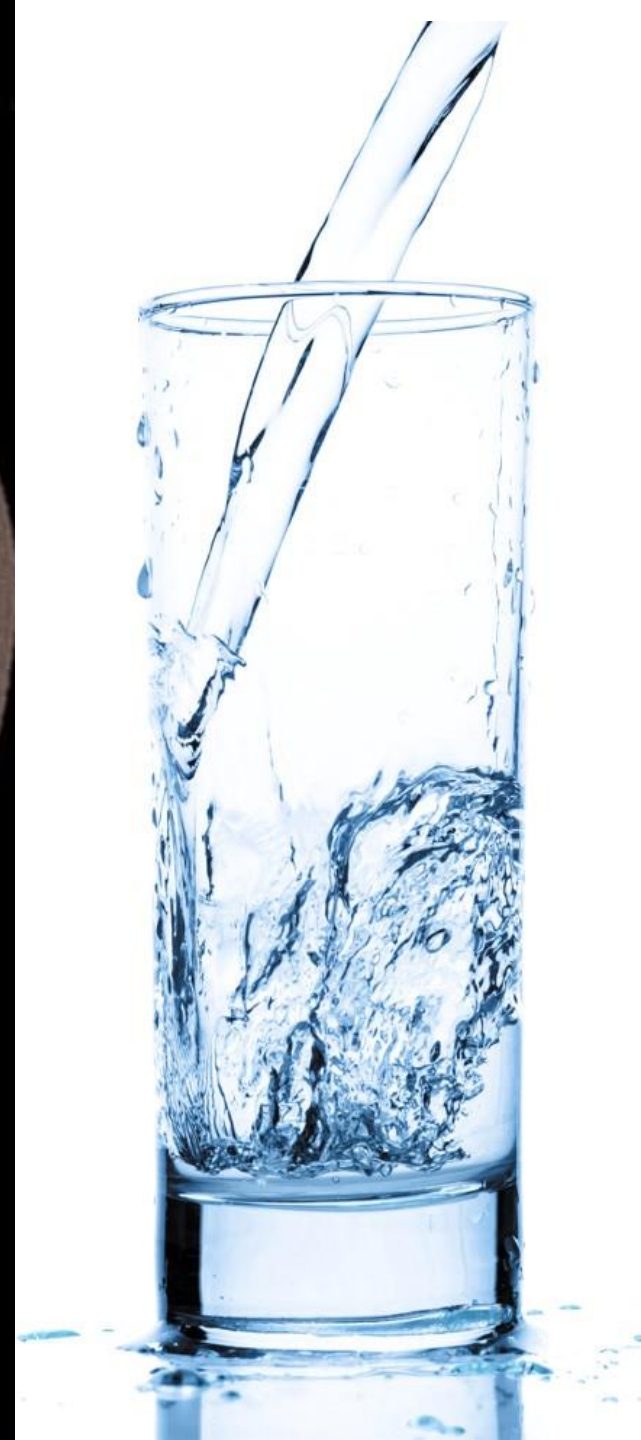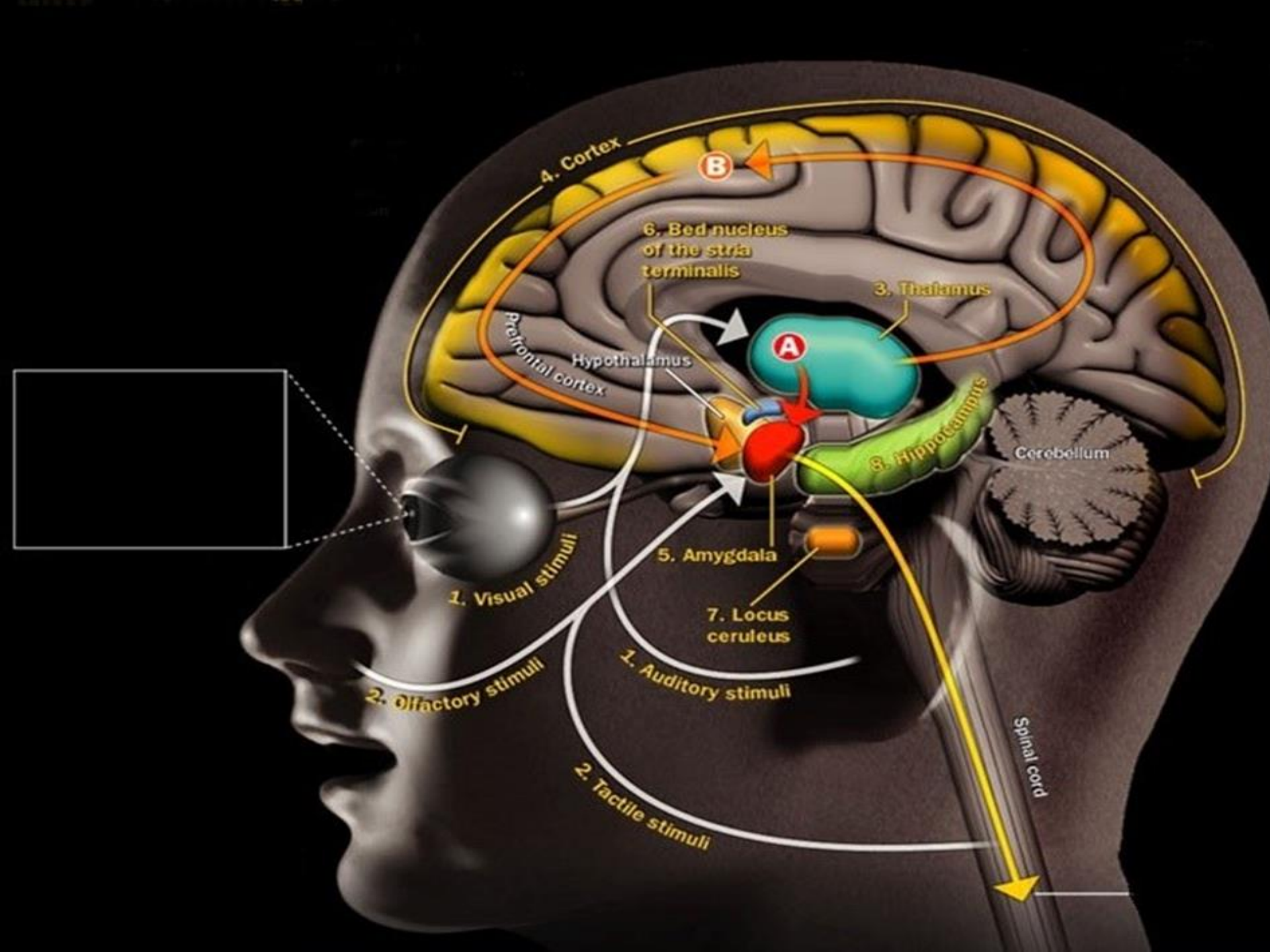
Strategies for reducing stress and frustration

- For each cause of stress and frustration:
  - Can we eliminate the cause of stress and frustration?
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  - Can we offer options to the patient to best manage these stressful and frustrating situations?
  - What opportunities do we have to communicate better the reasons that these causes exist and show empathy for the patient's need to experience them?

Creating a Safe Space for Patients

- A welcoming (calming) space
  - Avoid overstimulation
  - Visual
  - Audio

- Supporting patient choice
  - Outside vs waiting room
  - Door open or shut
  - Time occupiers

- Are exits clearly marked?

- Use of security

Creating a Safe Space for Staff

- Preventing isolation and cornering

- EMR and safety

- Safety through nonverbal
  - S – Sit (relatively) squarely
  - O – Open posture
  - L – Lean forward
  - E – Eye contact (match)
  - R – Relax

- Make sure items that can harm are not accessible to patients

What are some things you are doing well with safety? Any ideas for improvement?

GROUP QUESTION

One, very unfortunate reason for increased patient escalation

- How healthy is our workforce?

- Burned-out staff trigger stressed patients
  - Ridged
  - Chaotic

- Burned-out administrators

- Need to focus on recovery and creating a regulated staff

Strategies for Assessing & Managing Stress

- Clearly identify the roles and expectations of staff when escalation occurs.

- When and how do we identify a patient who might be stressed, frustrated, and intoxicated?

- Can we find a way to assess patients' current moods at the front desk or early in the visit?

- At the beginning of an interaction, ask
  - "On a scale of 1 to 10. 1 being incredibly relaxed. 10 being stressed out and ready to explode. I'm curious how you are doing right now."
  - "Great to see you. Tell me how you are doing today."

Strategies for managing stressed patients

- Containing the patient and their stress

- Moving them away from other patients and in a place safe for staff

- Who is trained and available to co-regulate the patient and determine the best course of action?

- Method for staff to alert others for help and support

- How do we ensure security or staff trained in de-escalation are involved in the response?

- What determines when law enforcement is called and who calls?

- Plan to evacuate the physical space of patients and staff if the situation becomes dangerous and violent

How do you currently manage stressed patients? Any ideas for improvement?

GROUP QUESTION

Important Relational Strategies

- Develop rapport and trust – the stronger the relationship, the less likely violence will occur

- Understand the history and possible triggers - huddles

- Early on, be very predictable

- Support autonomy

- Ask permission

During Re-traumatization or Escalation

- Slow Down or Stop!
- Isolate the conversation (don't get cornered and avoid crowds)
- Remain calm (what are your coping skills)
- Match vocal level, then lower yours gradually
- Use empathy and agree as often as possible
- Encourage the use of coping skills
- Support more than confront
- Remain predictable

How do you currently manage dangerous incidents?
Any ideas for improvement?

GROUP QUESTION

After Re-traumatization or Escalation

- Debrief with co-workers – regulating yourself and team
  - What caused the event
  - What worked
  - What didn't work
  - Have a plan for next time
  - Support each other

- Come back together with the person if possible
  - Work from a place of empathy and support more than confrontation
  - Reset expectations – program rules and service delivery
  - Talk about what skills might help create a different outcome
  - Re-traumatization or reliving trauma can be THE opportunity to get the person the care they need

- Refer and support – Mental Health and Substance Use Treatment

GROUP QUESTIONS & BRAINSTORM
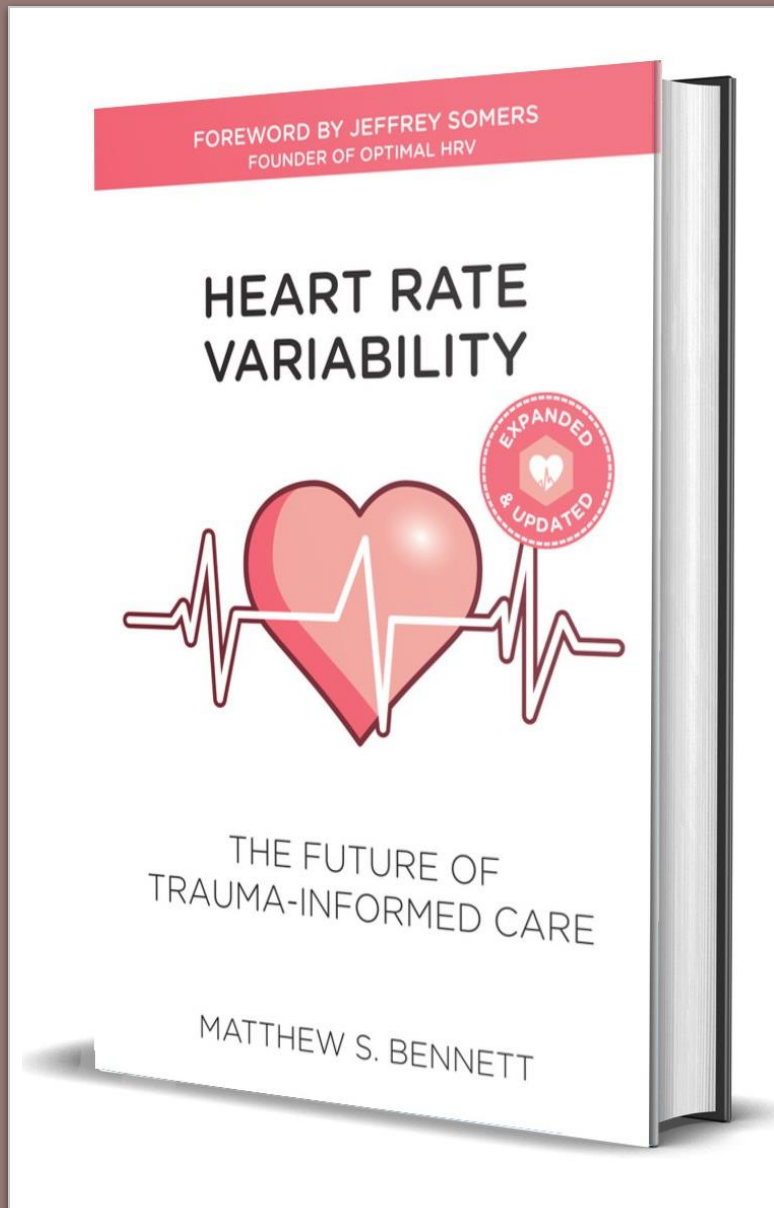
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- Keep Learning
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