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# *De-escalation*

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# Introduction

- Across all healthcare settings, there has become a greater need for healthcare workers to know how to
    o De-escalate angry patients
    o Defuse a tense situation
- Learning objective is to discuss ways to de-escalate angry individuals and defuse tense situations in healthcare settings
- To begin, it is important to understand that no single response or technique will work in every situation
- When responding to escalating behavior, consider the individual patient, the circumstances, and the overall context of the situation
- If at any time the patient threatens harm or you feel unsafe, activate your institution's code for an out-of-control individual, contact the police, or call 911 immediately

# De-Escalation

- De-escalation is one technique that can be used when confronted with violent or aggressive behavior
- De-escalation means "transferring your sense of calm and genuine interest in what the patient wants to tell you by using respectful, clear, and limit setting [boundaries]"

# Background

- The need for using de-escalation techniques has become more prevalent as violence in healthcare settings increases
- De-escalation is a first-line response to potential violence and aggression in healthcare settings
- The Centers for Disease Control and Prevention (CDC) has noted a rise in workplace violence, with the greatest increases of violence occurring against nurses and nursing assistants
- A three-year study in the American Journal of Nursing noted that 25% of nurses reported being assaulted by patients or the patient's family members
- Statistically, higher rates of healthcare violence are reported to occur in the emergency department (ED), geriatric, and psychiatric settings

# Purpose

- The purpose of this Quick Safety is to present some de-escalation models and interventions for managing aggressive and agitated patients in the ED and inpatient settings
- There are many different de-escalation techniques; this program is intended to guide healthcare professionals to resources for more information and training

# Purpose of De-Escalation

- The literature has several definitions of de-escalation and uses other terms for de-escalation, including:
  - Conflict resolution
  - Conflict management
  - Crisis resolution
  - Talk down
  - Defusing
- For the purposes of this program, de-escalation is a combination of strategies, techniques, and methods intended to reduce a patient's agitation and aggression
- These can include communication, self-regulation, assessment, actions, and safety maintenance in order to reduce the risk of harm to patients and caregivers as well as the use of restraints or seclusion

# Use of Restraints

- Injuries to patients and staff can occur during the use of restraints
- Data from the Cochrane Library reveals that in the United States, 40% of restraint-related deaths were caused by unintended asphyxiation during restraint
- The use of restraint and seclusion creates a negative response to the situation that can be humiliating to the patient, and physically/emotionally traumatizing to staff involved
- Also, it impacts the trust between the patient and healthcare professionals
- Restraint and seclusion should be a last resort, used after other interventions have been unsuccessful, and done to protect the patient, staff, and other patients in the area from physical injury

# Recognizing the Aggressive Patient

- In the mental health setting, dealing with aggressive patients can be an everyday occurrence
- Acute inpatient psychiatric settings may have patients who exhibit risk-prone behaviors, such as verbal aggression, attempts to elope, self-harming behaviors, refusing to eat or drink, and displaying aggression to objects or people
- The ED has its own set of challenges
  - Patients come to the ED with hallucinations, hearing voices, or they may be under the influence of unknown substances
  - Upon entry, a triage nurse must assess the patient

# Available Assessment Tools

- Several assessment tools are available to help healthcare professionals recognize the aggressive patient, including:
  - STAMP (staring, tone and volume of voice, anxiety, mumbling, and pacing) is a validated tool for use in the ED
  - Overt Aggression Scale (OAS) is a reliable tool for use in the inpatient setting for children and adults.
  - Broset Violence Checklist (BVC) has been validated for use in the adult inpatient psychiatric units
  - Brief Rating of Aggression by Children and Adolescents (BRACHA) has been found to be a valid tool for use in the ED to determine the best placement on an inpatient psychiatric unit

# De-Escalation Models

- The Dix and Page model consists of three interdependent components: assessment, communication, and tactics (ACT)
  - Each should be continuously revisited by the de-escalator during the incident
- Turnbull, et al. model additionally describes how the de-escalator evaluates the aggressor's response to their use of de-escalation skills by constantly monitoring and evaluating feedback from the aggressor
  - The authors stress that flexibility in individual cases is more important than basing de-escalation on a few well-practiced skills, or using those skills in a pre-determined order, since what may be de-escalatory for one person may be inflammatory for another
- Safewards model begins with delimiting the situation by
  - Moving the patient or other patients to a safe area and maintaining a safe distance
  - Clarifying the reasons for the anger using effective communication

# De-Escalation Models

  - Resolving the problem by finding a mutually agreeable solution
- The model stems from a randomized control trial conducted in the United Kingdom to look at actions that threaten safety and how staff can act to avoid or minimize harm
- The trial concluded simplistic interventions to improve staff relationships with patients increase safety and reduce harm to both patients and staff

# Efficacy of De-Escalation

- It should be noted that there is little research about the efficacy of de-escalation
- There is no guidance of what constitutes the gold standard for practice
- A Cochrane review acknowledges that this leaves healthcare workers to contend with conflicting advice and theories regarding de-escalation

# Positive Consequences of De-Escalation

Some de-escalation studies have concluded that the positive consequences of de-escalation include:
- Preventing violent behavior
- Avoiding the use of restraint
- Reducing patient anger and frustration
- Maintaining the safety of staff and patients
- Improving staff-patient connections
- Enabling patients to manage their own emotions and to regain personal control
- Helping patients to develop feelings of hope, security and self-acceptance

# Defusing Aggression

- Utilize verbal communication techniques that are clear and calm. Staff attitudes must be non-confrontational in use of verbiage. Avoid using abbreviations or healthcare terms
- Use non-threatening body language when approaching the patient
- Approach the patient with respect, being supportive of their issues and problems
- Use risk assessment tools for early detection and intervention
- Staff attitudes, knowledge and skill in using de-escalation techniques must be practiced and discussed in an educational format
- Respond to the patient's expressed problems or conditions
    - This will help create a sense of trust with the healthcare professional
- Set clear limits for patients to follow
- Implement environmental controls, such as minimizing lighting, noise, and loud conversations

# Move to a Private Area

- If possible, it may be helpful to move the individual away from public spaces and into a private area to talk

# Be Empathetic and Non-Judgmental

- Focus on understanding the person's feelings. Whether or not you think those feelings are justified, they're real to the other person

# Respect Personal Space

- If possible, stand 1.5 to three feet away from the person
- Allowing personal space tends to decrease a person's anxiety and can help prevent acting-out behavior
- Do not block exits

# Keep Your Tone and Body Language Neutral

- The more a person loses control, the less they hear your words and the more they react to your nonverbal communication
- Relax your body and keep your hands in front of you, palms facing outward

# Avoid Overreacting

- Remain calm, rational, and professional
- While you cannot control the person's behavior, how you respond to their behavior can affect whether the situation escalates or defuses
- Empathize with feelings, not behavior
- Possible response: "I understand you are _____, but it's not okay to yell at staff"

# Focus on the Thoughts Behind the Feelings

- Some people have trouble identifying how they feel about what's happening to them
- Possible response: "Help me understand what you need."
- Possible response: "What has helped you in the past?"
- Possible response: "Tell me if I have this right, _____."
- Not: "Tell me how you feel."

# Ignore Challenging Questions

- Answering challenging questions often results in a power struggle.
- If a person challenges your authority, redirect their attention to the issue at hand
- Ignore the challenge, not "the person."
- Patient: "Why is that other doctor such a _____?"
- You: "Please tell me again when your symptoms started?"

# Set Boundaries

- If the person's behavior is belligerent, defensive, or disruptive, give them clear, simple, and enforceable limits
- Offer concise and respectful choices and consequences
- Possible response: "It's important for you to be calm for us to be able to talk. How can that be accomplished?"

# Choose Boundaries Wisely

- Carefully consider which rules are negotiable and which rules are not
- If you can offer a person options and flexibility, you may be able to avoid unnecessary altercations
- Possible response: "I understand it's confusing when rules change, but federal law says we have to check your ID."

# Allow for Silence

- By letting silence occur, you are giving the person a chance to reflect on what's happening and how to proceed

# Allow Time for Decisions

- When a person is upset, they may not be able to think clearly
- Give them a few moments to think through what you've said
- Sample response: "I've just shared a lot of information with you. I will come back in about 10 minutes after you've had time to think about it."

# Example of Using De-Escalation

- A nurse recounts how he intervened in a power struggle between a patient and inexperienced nurse and elicited the story from the patient.
- "I went into the patient's room, and he was very agitated. I asked him if I could sit down and talk to him a few minutes, just to see what was going on with him."
- "I found out during the interaction with the patient that one of the things that had escalated him was that he was threatened. He was told that he would get an intramuscular injection of medication."
- "And I found out that he was very afraid of needles and so that upset him even more. And, if we had attempted to give him a shot, he was going to fight us tooth-and-nail."

# Commitment to Safety

- Leadership must endorse resources needed to educate staff and allow time to audit the interventions and environmental changes needed to create the most therapeutic unit possible
- Use audits to inform practice. At the end of each shift, the charge nurse records the number of times conflicts and containments (restraint, seclusion, or observation) occurred
- Implement workforce training on new techniques and interventions
- Incorporate the use of assessment tools
- Involve patients
- Use debriefing techniques

# Violence Occurs Despite Efforts to De-Escalate

- Clearly define workplace violence and put systems in place to enable staff to report workplace violence instances, including verbal abuse
- Use data to capture, track and trend all reports of workplace violence — including verbal abuse and attempted assaults when no harm occurred, but in which the healthcare worker feels unsafe
- Provide appropriate follow-up and support to victims, witnesses, and others affected by workplace violence
- Analyze data related to workplace violence, and worksite conditions, to determine priority situations for interventions
- Develop quality improvement initiatives to reduce incidents of workplace violence
- Train all staff, including security, in de-escalation, self-defense, and response to emergency codes
- Evaluate workplace violence reduction initiatives

# De-Escalation in Healthcare

- The need for using de-escalation techniques has become more prevalent as violence in healthcare settings increases
- De-escalation is a first-line response to potential violence and aggression in healthcare settings

# De-escalation
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