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# **Patient De-escalation**

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/ General Staff Education | 13920/33920/42420/42320**

# Instructor Background

- Texas Commission on Law Enforcement
  - master jailer
  - master peace officer
- Lubbock County Sheriff's Office
  - 2001-2007: jail division
  - 2007-2011: patrol division
  - 2011-present: criminal investigations division

# Instructor Background

- Specialized team assignments
  - detention response team
  - SWAT operator
  - SWAT negotiator
- Relatable specialized training
  - crisis intervention
  - interview and interrogation
  - negotiations training

# Disclaimer

- In the law enforcement field, de-escalation techniques will only be conducted after making the situation as safe as possible before continuing
  - for law enforcement this could include pat searches, handcuffs, and temporary detention
- Review your own career guidelines and company policies in reference to dealing with agitated people
- If someone is making threats to harm people or is assaulting people, utilize security and law enforcement resources to secure the situation
- Be safe and trust your instincts
  - don't take unnecessary risks with violent patients; trust your gut
  - this is not a hostage negotiations class, but some of the same practices can apply
  - police negotiators have no power without the SWAT team outside
    - bring security when needed

## Similarities Between Jobs

- The medical field and law enforcement are uniquely linked because there you will come across different kinds of crisis situations with real and grave consequences
  - mistakes have consequences
  - giving your best effort to the problem will allow your conscience to be clear
- You might be meeting the patient when they first find out about or finally have to confront the crisis
  - major crime
  - death
  - illness
  - loss of livelihood

# Patients Dealing With a New Crisis

- If this is a new crisis that the person was just involved in such as a gunshot wound, emotions will typically be high and rationality will be low
  - you must bring emotions down to bring rationality up
  - each person will deal with crisis differently
  - you could be dealing with totally different emotions from different family members in the lobby
  - these emotions can jump from one to another and become jumbled
    - drugs, emotionally unstable people
    - each emotion can rise and fall in intensity like a rollercoaster
    - the best work can be done in the middle
      - not too high or low
  - sometimes emotions can be lowered once the patient is stabilized
  - time will help balance a person, but there is no definite clock

# Patients Dealing With a New Crisis

- If possible, have counselors available when delivering the news or have contact information readily available
- Support group recommendations can work
- Usually fear, uncertainty, and shock will be the first emotions
- Many people will shut down and not hear anything else after the diagnosis
  - ask the patient if they need time and give it to them if they want it
  - explaining the diagnosis and treatment might have to be done several times due to tuning in and out
  - offer literature in addition for the patient to read at their own pace

# General Principals of Communication

- There have been numerous different studies on communication
- Nonverbal cues have far more meaning than the actual words said
- Dr. Albert Mehrabian came up with the **7%-38%-55%** rule
  - he stated effective communication is broken down into three categories
    - 7% of the words spoken
    - 38% tone of voice
    - 55% body language and facial expression

# Changing Habits When Needed

- Sometimes to effectively communicate you will need to change habits to calm them during a crisis situation
- Keeping the 7-38-55 rule in mind, how would you rate yourself if you were the patient in a crisis?
  - I understand that there are actions such as taking vitals, checking equipment, and documenting the information and multitasking is the only way to get the job done
  - when a person is in crisis, take care of the work duties at a certain point of the contact such as the very beginning or end and give them undivided attention to further show that you are listening
    - you may hear and comprehend everything perfectly, but a slight change in tone and the body language of completing other medical tasks might appear to them that you are not fully paying attention

# Angry People

- The body can only be angry for so long
  - they will become tired
- Some people just need to let pent up anger out and get things off their chest
- You will oftentimes not be able to solve their problem or tell them anything they don't already know
- They will generally appreciate you listening to them
  - the anger usually dissipates as they tell the story
- In law enforcement we use the term ventilate
  - think of the person as a house and you are opening the windows to let the bad air out and fresh air in
- Some people just want to argue with someone
  - don't dig in your heels and be argumentative with them

# General De-escalation

- Monitor the volume of your voice
  - you don't want to be in a yelling contest
  - subconsciously the agitated person will work toward the same volume as you
  - if you say something and they are yelling over you, keep talking and do not repeat yourself unless they get to the level you want
  - let them know you will come back in a little bit after they've cooled down
  - most people are going to be wondering what you said while you are gone and will be more receptive
  - it will bug them

# General De-escalation

- Monitor the speed of your words
- If the person's speech is racing, slow down
- Most people will also work to your pace
- This will also make person feel like you are dedicating yourself to the conversation and not trying to get it over as soon as possible
- Let the person tell their story uninterrupted
- Disrupting the flow of the story can dull some of the emotion which might make some of the key points harder to detect
  - you may think you know what their key motivation is, but you might be wrong
  - if they are asking you questions while telling the story answer them, but if they are telling the story at a steady pace not waiting for your input, do not derail the train

# General De-escalation

- Many people don't want to tell you the key point, but you can detect it when they tell the story
  - some people have an image they want to protect about certain topics such as money, appearance, and fears
- Some people will try to justify things such as drug use or staying with an abusive spouse
  - openly judging them will only cause them to push you away and the ground might not be able to be gained back
  - it is really important to mind the 7-38-55 rule
  - sympathy vs. empathy is huge
  - it is really important to mind the 7-38-55 rule
  - sympathy vs. empathy is huge
  - I understand how someone who has lived under your circumstances could...

# General De-escalation

- A hot topic in today's day and age is medical costs
  - this can cause a great deal of crisis because a patient's insurance might only cover certain costs, doctors, tests, and treatment options
  - prepare some quick reference statements to quickly de-escalate
    - groups of 5
  - personal stories are ok if you are comfortable
  - most people think medical professionals have awesome insurance
    - Have your premiums and copays gone up too?
  - government insurance used to be a reason people took some jobs

# General De-escalation

- Listen without trying to quickly solve their major problems that built up over an extended period
  - they live in the set of circumstances causing their feelings
  - offering quick fixes that may or may not work for them may appear to them that you don't understand their struggle
  - you can easily become the nagging parent, spouse, ect. who thinks they can easily fix their problem
  - some people don't want to fix their problem
  - if you have built rapport after some time, some suggestions can be given, but be mild

# General De-escalation

- Offer services or advice but present it in a soft manner
  - Instead of *“You need to ask your doctor to...”*; use *“Have you thought of...”*
    - this gives you an opportunity to offer information that could be helpful but in a non-ordering manner
    - it opens the door for them to do what you asked but their way
    - sell it to them as their idea

# Building Trust

- Be as honest and sincere as possible
  - being caught in a lie no matter how small can sever all chances to build rapport
  - *“I’m not sure. I’ll have to check with ....”* is an acceptable answer
  - most people in bad situations understand how bad it is
  - this does not mean you can’t put a positive spin on it
- Do simple requests as soon as possible
  - it shows you are paying attention to what they want
  - do not be upset about being nice to an angry or offensive person and being helpful
  - most people have a hard time continuing to be angry at someone who is nice and helpful
    - killing them with kindness
  - most people want to pay back people who do something nice for them
    - Dinner tray for family member?

# Active Listening Skills

- Active listening skills are small things to do during a conversation to stay more engaged
- These can be used in everyday conversations
- They are:
  - emotional labeling
  - paraphrasing
  - minimal encouraging
  - open-ended questions
  - effective pauses
  - mirror meaning
  - “I” messages

# Emotional Labeling

- Break out the thesaurus in your conversation
  - keep the vocabulary level at the same level
- If someone says they are mad, work different synonyms in the conversation when you are describing what you think their emotion is
  - sometimes the person will not like one that you use and correct you which could open up the conversation with a person who is closed off
- Do not discount their feelings
  - “I understand that you are upset” works better than “You shouldn’t be upset”
    - it is not about your point of view

# Paraphrasing

- It shows that you are listening and checks to make sure you understand their concerns
- It also gives you a chance to work some emotional labeling in
- Shows understanding of the person's long term problem
  - patient: "My insurance went up and I can't afford all these tests and medicine. I already work overtime that's all I can do."
  - response: "I understand you are frustrated with the rising healthcare costs and work really hard to provide for your family."
    - ensures you hit the right feelings

# Mirroring

- People usually try to mirror each other in a conversation
- Use a slower pace to slow someone down who is racing
- Use a faster pace to bring them up
- Bring a calm demeanor to the conversation

# Minimal Encouraging

- Small phrases that keep the conversation going and show you're interested and want to hear more
  - examples- "OK", "Really?" "That's terrible", "I understand"
  - most people already do this during normal conversations, but must think about doing it in crisis conversations
- These type of phrases will usually keep the individual talking and reveal more of the problem

# Open-Ended Questions

- Use to gather more information about the person and problem
  - “What kind of work do you do?”
  - “What do you do for fun?”
  - “How big is your family?”
  - these questions will give you a feeling of how talkative someone is
- Use to find common interests that can divert their attention away from the topic that is upsetting them

# Effective Pauses

- Use after a question or when a person finishes talking
- Most people feel uncomfortable during stalled portions of conversation
- These can be effective if you feel the person is holding back information
- It can also be used after the person describes the crisis they are in
  - follow it with something that validates their feelings
    - “I would be just as angry as you if my insurance premiums doubled”

# “I” Messages

- Use with intense emotions and when the patient needs refocusing
- Conveys information in a nonthreatening way
- It shows their outbursts can affect others
  - “I get worried about you when you threaten to pull out our IV and walk out of the hospital”
- It assures the individual that their feelings are normal for the circumstances
  - example-patient: “All this testing isn’t going to do any good. I’m going to just pull out the cords and walk out the door.”
  - response: “I understand you feel unsure of this. I feel the same way when I get in stressful situations where there is no clear answer.”

# Traps

- Traps are things that you can do that can slow down or stop progress of building rapport and de-escalation
  - talking instead of listening- I used to be really bad at this
  - not acknowledging emotional stress just because it does not seem like a big deal to you...
  - not summarizing main points
    - missed opportunity to show you are listening
  - appearing judgmental
    - you will be tuned out quickly
    - What if YOU are the only or the first medical professional that ever showed them compassion even after their bad decisions?

# Effects of Time

- Remember to let them ventilate as discussed earlier
  - think of anger as a smoke-filled house
    - you can open the windows of the house and the smoke doesn't clear out immediately
- After the emotions are diffused, reasoning ability improves

# Summary

- Remember why you entered this profession
  - avoiding burnout
- Be polite and patient
- Be a good listener
- Be honest
- Many times you will not be able to solve their problem, but you can allow them to vent

# Patient De-escalation

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