De-escalating Crisis Situations

Jake Bilodeau – Training & Development Coordinator
Teaching Family Homes
Training Overview

1. Trainer introduction
2. Crash-course on the Teaching-Family Model
3. Understanding aggressive behavior
4. Phases of verbal escalation
5. Prevention & crisis de-escalation
6. Verbal crisis de-escalation strategies
7. Questions
Introduction

• Jake Bilodeau – Training & Development Coordinator w/ Teaching Family Homes
• 5 years of Crisis de-escalation work with Teaching Family Homes
• Completed university coursework at Northern Michigan University
  • Criminal Justice
  • Sociology
  • Law Enforcement
• Experience in residential treatment, crisis consultation, & family intervention services
The Teaching-Family Model

- The Teaching-Family Model is an evidence-based model of care that is used internationally.
- The model is recognized as a best practices tool by numerous organizations:
  - American Psychological Association
  - National Department of Juvenile Justice
  - National Clearing House
- Maintaining the highest level of client rights is essential:
  - Humane
  - Effective
  - Individualized
  - Trauma-Informed
- Conducive to CPI techniques
Poll Question

Please rate your experience level with prevention efforts related to crisis de-escalation:

a. 0 – 1 year
b. 2 – 5 years
c. 5 – 10 years
d. More than 10 years
Poll Question

Please rate your experience level with verbal crisis de-escalation techniques:

a. 0 – 1 year
b. 2 – 5 years
c. 5 – 10 years
d. More than 10 years
Understanding Aggressive Behavior

• Nature of aggression:
  • Desire for power & control
  • Needs must be met (food, sleep, safety, security, etc.)
  • Response to intense feelings (trauma)
  • Rewarding consequences (“I’ll get my way”)

• Environmental Risk Factors
  • Absent support networks
  • Drug/substance abuse
  • Poverty
  • Domestic violence
  • Peer influence
  • Complex trauma
Phases of Verbal Escalation

1. Questioning
2. Refusal
3. Release
4. Intimidation
5. Tension Reduction
Prevention

• Use “Proactive Teaching” as a prevention tool
  • Preparation
  • Transparency
  • Teaching
  • Rationale
• Our clients are able to thrive off of predictability

• Prevention items to consider:
  • How often do we avoid telling people things due to fear?
  • Can we avoid verbal or physical escalation if we are more predictable?
  • How can we use our own experiences as a teaching tool for our clients?
What can we control?

• Having control over your surroundings can be your greatest asset when addressing crisis situations

• Things to consider prior to interacting with volatile clients:
  • Who is involved?
  • Where will you be in relation to the client?
  • Do you have support nearby?
  • If you are driving, where are you parked?
  • Are their weapons nearby?
  • What is the client’s history?
Maintaining Self-Control

• Positive mind set
  • Understand the impacts of trauma related to client behavior
• Depersonalize
  • “If they weren’t saying or doing it to me, it would be the next person working”
• Gentle teaching/quality components
  • Create a nurturing, safe, and trusting environment
• Control body signals
  • Stance, posture, gestures, reactions, etc.
• Know your buttons
  • Do you know what they are?
• Avoid content and stick to your de-escalation tools
  • Be creative in your approach to dealing with challenging behavior
• Practice self-reflection
  • Listen to feedback, process emotions, commit to improvement
Controlling Client Behavior

• We can only control client behavior with our words, presence, and overall attitude
  • Negative comments, threats, or intimidation will result in counter aggression
• We must understand what is being gained by engaging in a certain behavior
  • Safety, food, security, etc.? 
  • Power or control?
  • Status?
• We cannot promote self-control when we are not in control of our own bodies
  • Crisis de-escalation is focused on both worker and client behavior
Crisis Intervention

• Crisis intervention can not be effective without using the following intervention strategies:
  • Empathy statements
  • Avoiding content
  • Reality statements
  • Rationales
  • Offering options
  • Praising approximations
  • Coupling statements

• What do these strategies look like?
Empathy Statements

Empathy statements are not focused on relating your own experiences to those of the client, but should be focused on acknowledging the challenging circumstances the client is experiencing

- “I can see that you are really upset...”
- “It sounds like this is pretty difficult...”
- “It can see that you are getting angry...”

- Statements to use with caution:
  - “I understand...”
  - “I know...”
Avoiding Content

Avoiding content is essential to de-escalating situations more efficiently & effectively

• When we are dealing with crisis situations, our focus is on de-escalating our client
  • Often times the client’s goal is to draw their worker into content
  • Engaging a worker in content results in power & control

• We can avoid content by saying things like:
  • “If you are able to talk calmly we can discuss your concerns.”
  • “If you are able to have a seat, we can talk about what is bothering you.”
Reality Statements

Reality statements should be used to explain the reality of a situation, not as a threat

Effective Reality Statements:

• “It is going to take longer to discuss your concerns if you continue to raise your voice”
• “Making threatening statements can lead to further consequences.”

Ineffective Reality Statements:

• “If you don’t stop yelling, I am going to report your behavior to the judge.”
• “If you keep doing this, you will never get anything you want.”
Rationales

Rationales should be client-focused and encourage a change in behavior

• “If you are able to take some deep breathes, it is more likely that you might feel less angry.”
• “If you can stop screaming, it is more likely that people will be able to understand what you are saying.”
• “When you can stop making threats, we can talk about what it is that you want.”
Coupling Statements

Coupling statements are used to describe the behavior that is being exhibited while providing a more appropriate option.

Effective Coupling Statements:

- “It looks like you are thinking about hitting something, a better choice might be to have a seat.”
- “Instead of yelling and swearing, a better choice might be to practice some deep breathing.”

Ineffective Coupling Statements

- “You are making some comments, a better choice would be not to talk.”
- “You are making some threats, a better choice would be to shut your mouth.”
Offering Options

It is important that we offer our clients options during difficult situations. Sometimes it is difficult to make healthy choices when emotions are elevated. Offering alternative options can relieve stress.

• When offering alternative options, you might say:
  • “Why don’t you think about having a seat on the couch or in this chair?”
  • “You might feel less angry if you go take a drink of water or take some time to yourself.”
Praising approximations focuses on positive behaviors. These positive behaviors are likely coupled with inappropriate or even destructive behaviors

- “Thank you for sitting down.”
- “Thank you for unclenching your fists.”
- “You are doing a really good job of lowering your voice.”
- “You are doing a very good job of taking some deep breaths.”
Testing for Self-Control

- Look for physical indications
  - Deep breathing
  - Making eye contact
  - Beginning to open posture
  - Starting to respond to some prompts

- Be sure that the client is willing and able to discuss alternative options
  - Ask them if they are ready
  - Level of commitment should be obvious based on demeanor

- In order to move forward from an escalation in behavior, we need to know that the client is in control of their behavior
Teaching

- It is okay to help our clients to learn something from an escalation in behavior
- Each client is an individual with regards to their openness to learning
  - How can we help them to stay calm in the future?
  - What was gained from the escalation in behavior?
  - Is there anything we can do differently as professionals?

*We do not need to be therapists with our clients, but in many cases we can offer assistance based on our education and experiences*
Questions?