

CRISIS INTERVENTION DE-ESCALATION

GOALS FOR THIS SESSION

- Discuss basic techniques for de-escalating complex client encounters, incidents, and crises
- Move beyond De-escalation 101
- Connect *theories* with **practice**
- Promote self-awareness of the practitioner as we mitigate crisis
- Touch upon some agency- and systems-level considerations, crafting and implementing agency policies and procedures which support both staff and clients in these situations
- Practice with exercise(s)

WHAT <u>IS</u> DE-ESCALATION?



- Calm down someone who is agitated, angry, or temporarily out of control
- Take charge of a situation to reduce potential violence
- Deal with <u>past</u> hurt, take action in the <u>present</u>, and move toward a <u>future</u> solution





Thousand Waves Martial Arts & Self Defense Center, NFP. Assertive Communication: De-Escalation. Handout. CC-BY-NCSA-2.5

GOALS OF DE-ESCALATION

- Validate feelings
- Calm the situation and the hurt
- Find the core issues and speak to them
- Manage the situation
- Maintain clear communication
- Make sure everyone feels heard

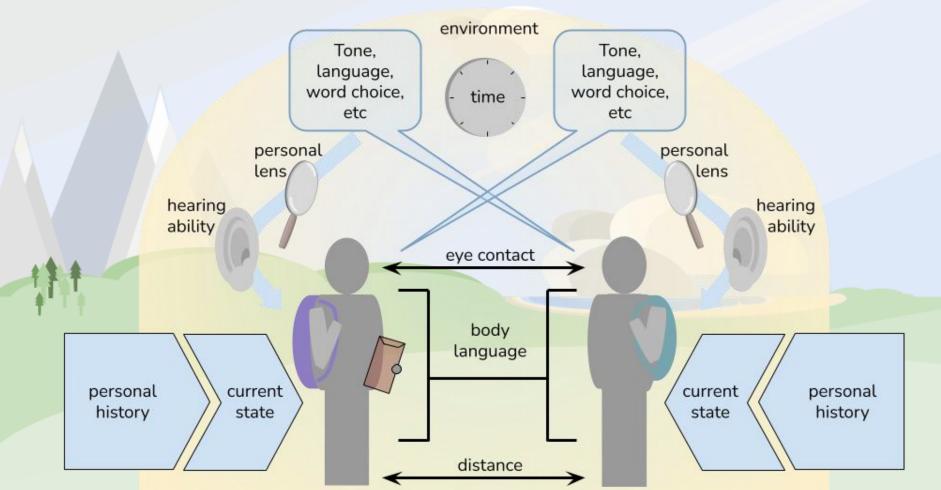
WHAT IS A CRISIS?

"A time of intense difficulty, trouble, or danger."





WHAT HAPPENS IN AN INTERPERSONAL CRISIS?



SOME TECHNIQUES TO EMPLOY

- Match & model behavior, body language, tone
- Avoid pointing
- Be careful with using touch or Terms of endearment
- Listen to your gut
- Ask about their needs
- "No, but ..."
- Minimize distractions
- Be genuine
- Validate and Repeat
- Allow for safe venting
- If your attention is split be clear about it!
- Reason and logic must come after calming down
- Don't use command language ("You need to..." or "Calm down," etc)
- Don't mistake anger for aggression

TRANSFERENCE AND COUNTERTRANSFERENCE

Transference



Earlier client experiences & attitudes *transferred* onto current situation "False Connections"

Objective Countertransference

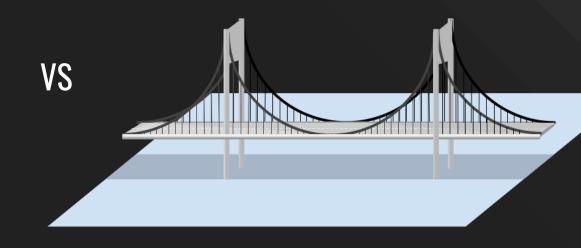
Everything you know - Expertise

Subjective Countertransference

"... those idiosyncratic reactions that reflect more specifically on what you, personally, carry into your relationships from past or current shaping experiences."

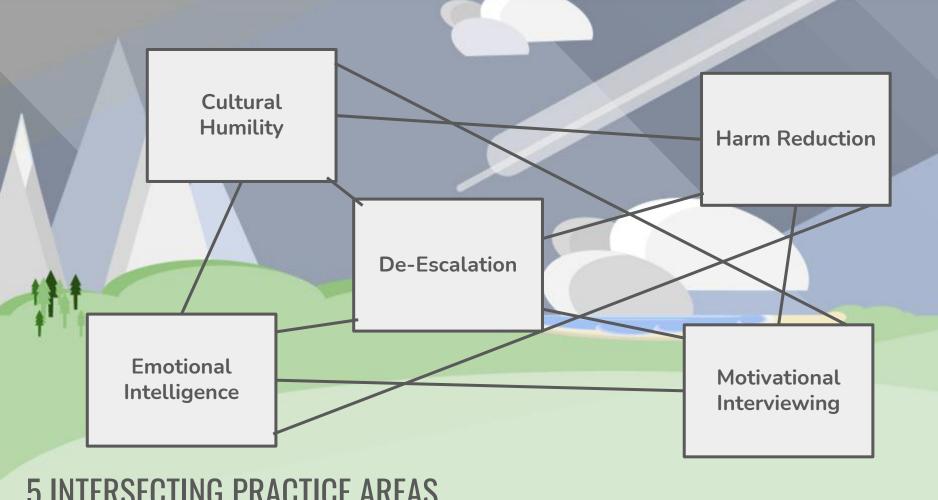
INTEGRATING DE-ESCALATION TACTICS INTO YOUR PRACTICE





8 KEY CONCEPTS / PRINCIPLES TO EMBODY

- Provide client-centered, trauma-responsive care
- Remain calm & try not to take it personally
- Validate feelings & reorient those that are misplaced
- Respect free will & allow for choice
- Provide a safe space for clients to self-express
- Help the client recognize & explore their options & consequences
- Recognize & name the power structures at play
- Know yourself & your limits



5 INTERSECTING PRACTICE AREAS

Cultural Humility

- H: Humble about the assumptions you make
- U: Understand your own background and culture
- M: Motivate yourself to learn more about the others' backgrounds
- B: Begin to incorporate this knowledge into your work
- L: Life-long learning
- E: Emphasize respect and negotiate service plans

Adapted from Danielson, Ben. (2015). Using Cultural Humility to Navigate Challenging Encounters. University of Washington.

3 Ways to Challenge Your Biases

- We must be willing to accept that we do, in fact, have biases, and to make ourselves aware of them.
- We must be determined not only to unearth our own stereotypes, but also to challenge them.
- 3. We must learn to exchange automatic biases for different, more inclusive, notions. Know they will be automatic and that we need to catch them, be reflective in our work, process, and construct new thought patterns

Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.

Harm reduction incorporates a spectrum of strategies that includes safer use, managed use, abstinence, meeting people who use drugs "where they're at," and addressing conditions of use along with the use itself.

Because harm reduction demands that interventions and policies designed to serve people who use drugs reflect specific individual and community needs, there is no universal definition of or formula for implementing harm reduction.

Harm Reduction

Motivational Interviewing

- Motivational Interviewing (MI) is a guiding style of communication, that sits between following (good listening) and directing (giving information and advice)
- MI is designed to empower people to change by drawing out their own meaning, importance, and capacity for change
- MI is based on a respectful and curious way of being with people that facilitates
 the natural process of change and honors client autonomy.

from Miller and Rollnick (2013) Motivational Interviewing: Helping People to Change (3rd ed)

MI's core skills are often described using acronyms. OARS is one such approach:

O: Open Questioning—Explore the root of the issue without putting words in client's mouth

Emotional Intelligence

Emotional Intelligence is the ability to recognize, understand and manage our own emotions and; recognize, understand and influence the emotions of others.

Self-awareness—Recognizing our own emotions, strengths, and weaknesses, and their impact on the people around us Self-regulation—Managing emotions and impulses Motivation—Sustainable, fulfilling, goal-orientated movement Empathy—Identifying and working to understand another's feelings Social Skills—Effective management of mutually-beneficial relationships

A: Affirming — Validate their feelings and struggles
R: Reflecting — Together, analyze the way that
systemic power is creating barriers and biases
S: Summarizing — Repeat back what
client has shared, demonstrate that you

De-escalation focuses on developing skills to help people achieve calm, rational thought after becoming "out of control." De-escalation assumes the premise that the emotion itself is valid (client choices and feelings are valid and deserving of respect), and on where the emotion is displaced is what

are actively listening, and plan next steps

behavior and/or where the emotion is displaced is what needs compassionate re-orientation.

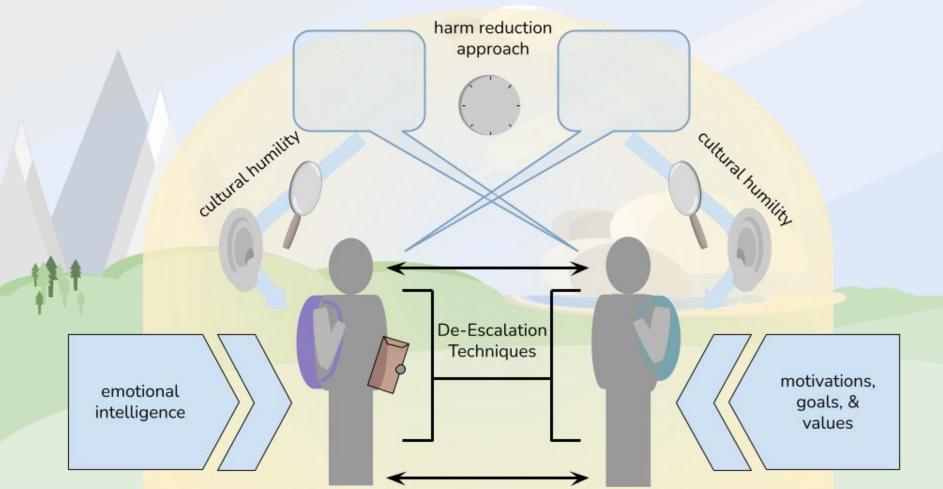
It focuses on:

Active and reflective listening, affirming client feelings and empathizing, providing options, and respecting client autonomy

> When engaging, consider your body language, approach, tone, words, eye contact, etc. Avoid command language. Offer options. Ignore insults. Remain respectful. Distract & Refocus. When necessary - get help.

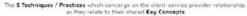
> > De-escalation

WHAT HAPPENS IN AN INTERPERSONAL CRISIS?



PRACTICE AREAS & KEY PRINCIPLES

		Key Concepts							
		Client-Contored, Trauma-informed Care	Stay calm & try not to take it personally	Feelings are valid - where they are placed can be re-oriented	Respect Free Will - Allow fer choice - even if you don't agree	Provide safe space for clients to self express	Nesp cliera recognize & explore their options & consequences	Recognise and name the power structures at play	Knew yourself & your limits
	De-exolation	Focus is on client and their experience. Be in the recentant, while behavioral always experience and the traumurs which can load to er are experienced due to homelocureus mean that empoores our high	Model appropriate lasharier. Check your assumptions at the eleon, the transparent and gernine	Coeffict can be an opportunity for tearning. It is the sock of the service provides to chap grounded and be are anchor.	"Deal with past burk take action is the present, and reces toward feature solutions."	Citers feelings are valid. De-escalation https to colon and re-orient energy toward solutions. Hold space for discomfort, pain, frustration	When we are de-exceleded, we can retain the energy without the frush sition, petting that towards weighing options and planning, change tack	Due"t minimize ctient feetings of hopelaturease or power featness. Build vast by addressing them, even if only in small ways	Sometimes, walking mercy in the earlier option for you and the closes their surface are easily open for corresponding to the authorization when better suited. These decisions should be reserved for anisty disconficial is cometing to less into
	Moovadenatintensiowing	Find the core houses and not causes - tailor solutions to client motivations and souds	Find the core issues and root causes - Be the archor	A - Affirming client experience and feedings boulds frust: Tiven though this is frustrating, I see you working found*	might not be the same choices we would make but are not ours to	O - Open questioning attaws for client in soft-kientify their issues and oxperiences in their own words	R - Reflecting on barriers, gaps, blases, and options with cliers. "So here's what I've Incard you identify so far"	A - Affirming client expedience and feedings builds frust: "Thank you for boaring with rest, it know this process such cary"	Use personal acquirience only when appropriate. Relate but do not equate
Techniques / Practices	Enchantelights	Recognizing, understanding, and managing your own ametions keeps you locused on the mostle, experiences, and voices of our clands.	Self-awareness and -regulation	Empathy with elient's reach, experiences, and feelings	Self-regulation practice reasons that Client cholens should not be solved by our feedings, only the facts	Encourage clients to use "I" statements / think feet_ / foot_ / will / foot_ / will	Modivation - exclude in fulfilling, goal-priorited resources	Social SARIA - effectively manage relationships to keep them sactamable and mutually beneficial	Setf-regulation - Managing your own employs, opinions, and imputes recars knowing yourself ahead of time
2	Hum Reduction	Iraumo informacificam monte in according direg use in the execution formation. If PVA/J2 expensional series delireg to it acts and control according to it acts an informacific manner as possibility in color and behalful for acts when the expension in acts and installation mention and installation mention and installation involves and its forecast or the series showly in acts in the property of the expension of	Accepts (for better or worse) that drug time is a part of the world, working to maintain harmful effects and deliver respectful, digriffed care rather than specifical or condensing.	Ctient feetings and choices are values Appropriate and accessible options are presented.	Afferms the allient as the primary agents of their over choices and change		Evolution the consequences and risks of harbories and discurrent presenting opposs and enlations that are colors, continued.	Calls upon us to recognize power shoutures & the way that disoriemention (the class, race, gender, social commentions, part trauma, etc. socials who use charge, perfocularly those experiencing homelescrees	Non-judgemental, non-coersive care
	Customid thereing	The screeys HUMBLE unto upon us as service previolent to engage in constant learning to identify, shallange, and systemic and to hallange, to de-certar existent me and contant teaming to identify, the language to de-certar existence and contant the client.	Stay calm. Stay HUMBLE. Find the common ground	Practics empathly and self-reflection: How would you feel by the older's shoes? Don't "I know how you foct." Do "I can see how this is flustrating"	Uncomfortable conversations can apark change. This goes both work as much to learn from our clients as they do from us.	El Emphasive respect, client factings, and experiences	E: Emphasize respect and negotiate service plans	Cultural humility is a Ulclary process with four focus or consistence of control of the cultural process of the cult	H. Hamble yourself regarding assumptions your rasks about Conto U: Understand your non-background, experience, and militare Mr. Metivele pounded to learn more about clience? backgrounde, Li This is life-lang work

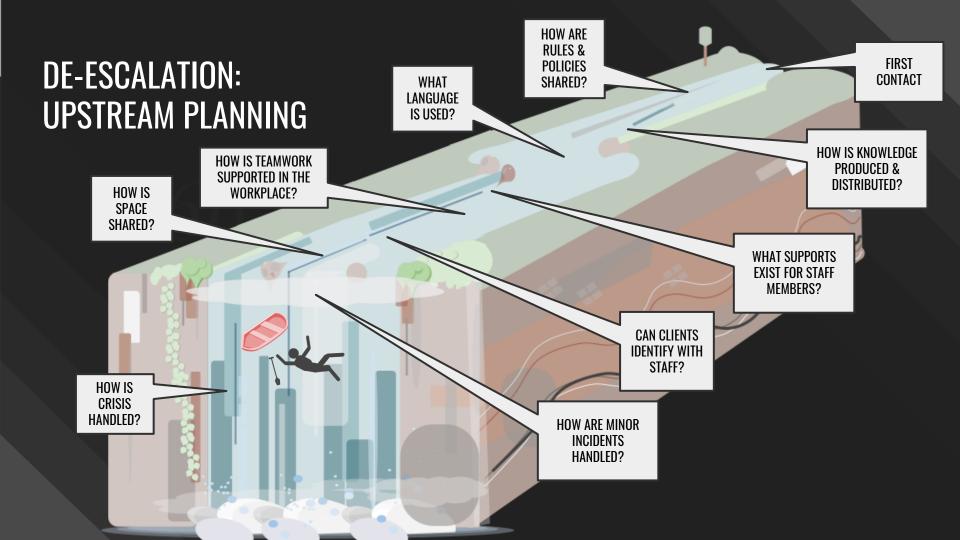






BREAKOUT DISCUSSION





HOW DO WE MITIGATE HARMS?

PERSON-IN-ENVIRONMENT PERSPECTIVE

Harms associated with

- Homelessness
- Mental & physical health
- Drug use
- DV/IPV

SYSTEMS PERSPECTIVE Harms that originate from

- Care systems
- Carceral system
- Immigration
- Racism, sexism, homophobia, transphobia, sizeism, ableism ...
- Agency-level systems



A SELF-ASSESSING EXERCISE

Comfort Zone

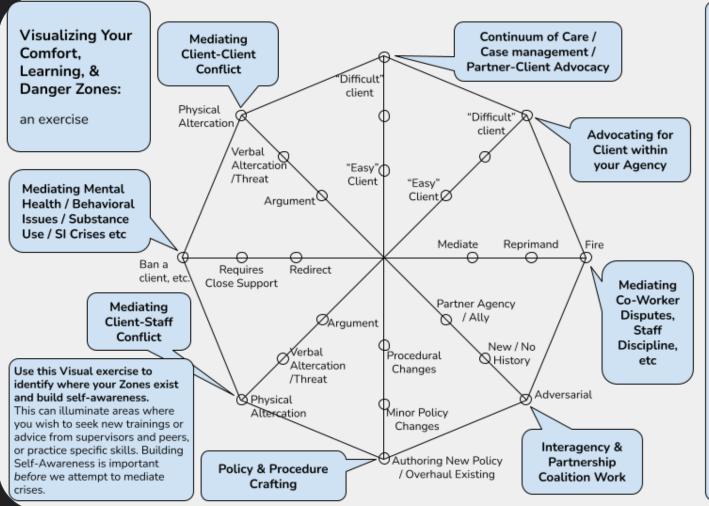
The area in which we are in static state of equilibrium; not much is learned, but we feel safe and comfortable; autopilot is engaged.

Learning Zone

The area beyond our comfort zone where we are experiencing new things and skills. We are challenged and exercising our learning 'muscles.' We may be uncomfortable here, but not panicked.

Danger Zone

The area beyond our learning zone, where we might be anxious, reactionary, or in crisis. The challenges here are overtaxing those 'learning muscles.' It's okay to spend some time here, but too much can do some real damage.



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Utilize this diagram to visualize your Zones:

- Along each axis, mark that point on the spectrum where you feel comfortable with the task described.
- Connect the dots to create a shape that represents your Comfort Zone.
- Repeat the same for both your Learning and Danger Zones.

Visualizing Your Continuum of Care / Mediating Case management / Comfort, Client-Client Partner-Client Advocacy Conflict Learning, & ficult Danger Zones: clien Physical "Difficult" an exercise Altercation client Advocating for Client within Verbal Altercation your Agency "Easy" /Threat Client "Easy" **Mediating Mental** Client Argument Health / Behavioral Issues / Substance Use / SI Crises etc Reprimand Mediate Fire Ban a Redirect Requires client, etc. Close Support Mediating Co-Worker Partner Agency Mediating Disputes. / Ally Client-Staff Argument Staff Conflict Discipline, New / No Verbal Procedural History etc Altercation Changes Use this Visual exercise to /Threat identify where your Zones exist Adversarial and build self-awareness. Physical This can illuminate areas where Minor Policy Altercation you wish to seek new trainings or Changes advice from supervisors and peers, Interagency & or practice specific skills. Building Authoring New Policy Partnership Self-Awareness is important Policy & Procedure / Overhaul Existing before we attempt to mediate Coalition Work Crafting crises.

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