

## De-Escalation Resources

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POPULATION HEALTH DIVISION  
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH  
CENTER FOR LEARNING & INNOVATION

# Handout from a Violence Prevention and De-Escalation Training

**Safe Workplace  
Violence Prevention**

Mike Arraj, RN

*who - actor*

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**What do we want out of work?**

1. To be safe at work
2. To be effective at helping others
3. To be able to feel good about my job

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**All three goals are linked!**

1. The importance of relationship
2. The need for emotional presence
3. The downside to emotional presence
4. Three ways of responding to the strong emotions we feel at work
5. Some thoughts on anger

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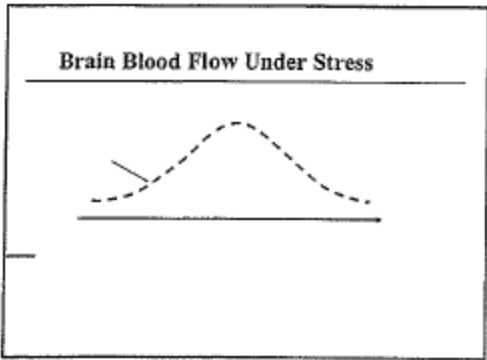
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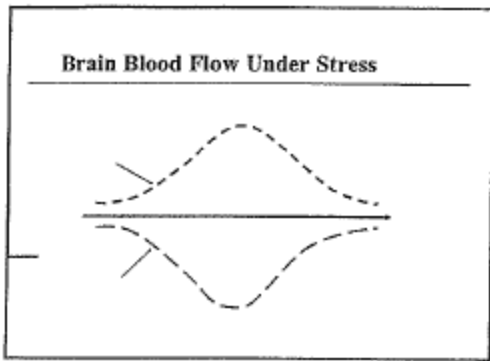
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**Fight vs. Flight**

Anger	Fear
Over-reaction	Under-reaction
Aggression	Passivity

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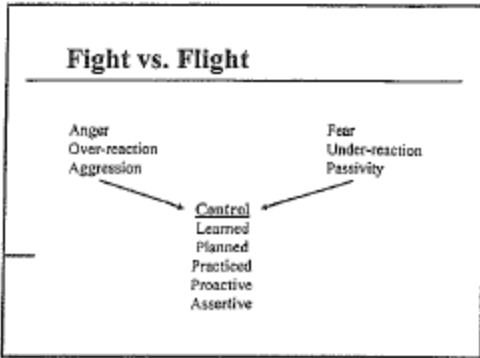
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- ### Related Concepts:
1. A reasonable definition of success
  2. The first 30 – 60 seconds → the need to intervene early
  3. The necessary tools:

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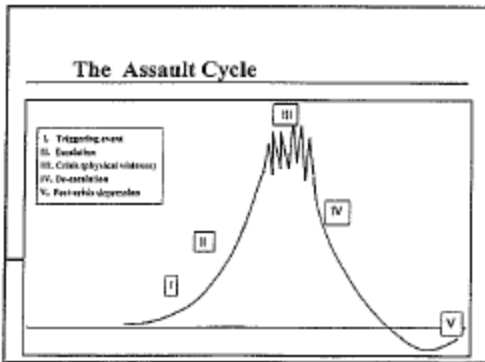
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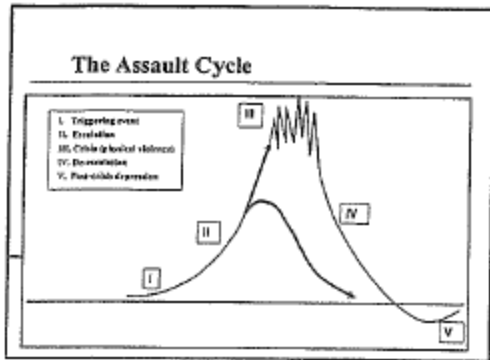
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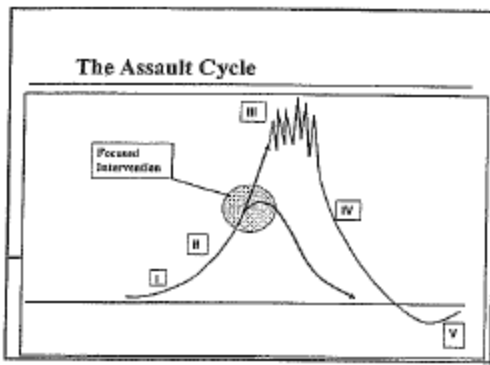
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### The Three Essential Tools

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1. **Mind:** how do we understand violence
2. **Mouth:** how should we talk to someone who is upset
3. **Team:** how do we function as a team

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### MIND

1. At work, why do people get angry and act dangerously?
2. We need to develop a useful tool to help us predict who might be potentially dangerous during the course of our work day.
3. We need a way to determine when and with whom we need to intervene to prevent physical violence

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### The Violence Risk Assessment

1. Every time with every client
2. Formal and conscious
3. Answers the question: **Why is this person acting this way?**

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### Who is potentially dangerous: when to intervene

A formal assessment process:

1. Intuition/your comfort zone
2. Any change in a person's behavior
3. Specific factors →

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### Specific Factors

A demographic question:  
Mental Illness & Violence

The Real Issues:

1. History of Violence
2. Emotional Causes of Violence
3. Altered mental states,  
aka, The Three Ds

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### Emotional Causes of Violence

Emotional Drive	Intervention Goal
Fear	Threat Reduction
Frustration	Control
Intimidation	Consequences
(Manipulation)	Detachment

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### The Three Ds

1. Decompensation: the phase of illness
2. Delirium: temporary change in brain chemistry
3. Dementia: permanent change in brain structure

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Screening for violence potential – what to look for

1. A history of violence
2. Any sign of fear or frustration
3. Any sign of an altered mental state

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**Mouth:**

How to talk to people who are upset: key concepts

1. More important than what you say is *how* you say it: your words can help people de-escalate or can inflame people.
2. People get upset when they feel no one is listening, no one cares.
3. No one likes to be told what to do.
4. The radical nature of the Golden Rule: respect in the face of disrespect
5. Active Listening

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**Communication Model:  
Assertiveness**

\*I\* Statements that include four important elements

1. **Connection:** people who feel connected to us are less likely to want to hurt us
2. **Limits:** setting clear limits on unreasonable behavior, while maintaining a sense of respect for the person as a person
3. **Choices:** a simple explanation of the client's options
4. **Consequences:** a simple explanation of the consequences the client can expect based on the choices he/she makes

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### Active Listening

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1. Reflection
2. Validation: separating emotion and behavior
3. The hidden theme or request

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### Teamwork

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1. What is the alternative?
2. Why "circling the wagons" doesn't work
3. Teamwork with the sociopath, the frustrated client, the frightened client.

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### Teamwork

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1. Body Language: hands, eye contact, the "bladed stance"
2. Ai-ki-do: leverage and momentum versus muscle
3. Proximity and positioning
4. Leave an exit

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## Team Interventions

1. Team Leader
2. Other roles
  - support the leader
  - clear a path to the exit
  - get other people out of the way
  - call 911
3. The "What ifs..."

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## Back up Options and Plan

1. What to do if someone is physically out of control
2. How, why, and when to call the police
  - Who's in charge?
  - What the police need from us
  - What to expect

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## Self Care

Plan your work. Plan your day.

If you fail to plan, you are creating a plan to fail. So since a plan for work and a plan for how to deal with difficult people and situations makes good sense, why do people fail to create a plan...every day?

- Denial
- Workload → Burnout
- Over confidence
- Remember | brain blood flow

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### Self Care: Three components

**Pre:**

- Preparation for work, plan your work
- A personal plan for self control

**During:**

- A functional analysis to prevent brain freeze-
- A debriefing after every episode

**Post:**

- A boundary between work and the rest of your life
- Rejuvenating activities

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### Review

- Self Awareness
- Act with honor, honesty and integrity.
- Always ask for help or guidance when you need it.
- Know, express, and enforce your boundaries.
- Know how to listen carefully. Look for the underlying theme or emotion and the unstated need. Clients often feel unheard or misunderstood. When they feel that you are listening, trying to understand, and that you will do what you can to help them, they are more likely to cooperate.
- Stay in touch with and trust your instincts.

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### Review - 2

- Be in control of yourself. You are a role model for people watching as well as the agitated client. How you respond will either pay dividends down the road or will cause future problems.
- Plan ahead for difficult client interactions and have a back up plan.
- Respond to sign of unrest in a proactive way...as soon as you sense something is wrong.
- Be respectful of the other person while you are setting limits on unacceptable behavior.

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### Review - 3

- Use an assertive style that offers clear choices and consequences.
- Your strategies should be fluid and incremental to match the fluidity of the situation. Have many options to choose from at every step: many tools on your tool belt.
- Be patient. Violent episodes self extinguish much earlier than we anticipate.
- Take care of yourself so you can remain emotionally open and present so you can be helpful and thereby find work gratifying.

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### Key Points

1. Having a safe workplace requires that everyone on the staff consider the job of insuring safety their top priority.
2. Professionalism, successfully helping clients, and feeling successful and content at work require that we always attempt to maintain our self-control even when it is tested

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### Key Points (cont.)

3. The three tools that are necessary and almost always sufficient to insure safety are your mind, your mouth, and your team.
4. More important that what you say to someone is how and when you say it. That is, be proactive and assertive.

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### Key Points (cont.)

- 5. During a crisis, learn to practice a functional analysis of behavior by asking yourself the question, "Why is this person acting this way?"
- 6. Absolute safety cannot be guaranteed. However, with the effective use of our mind and our verbal skills, physical violence can almost always be prevented.

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### A Five Sentence Summation

If you can overcome your natural denial on the issue of violence, you can remain proactive in your approach.

If you can maintain your self-control and ultimate sense of respect for the client, you increase the likelihood that your client will treat you with respect and be able to cooperate with you.

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If you can become adept at picking up early cues of escalation, and intervene early, using an assertive approach, your finely-tuned verbal interventions have a better chance of preventing physical violence.

Potentially violent situations can be safely managed. Clients who rely on coercion, threats and violence can be helped in learning healthier alternatives.

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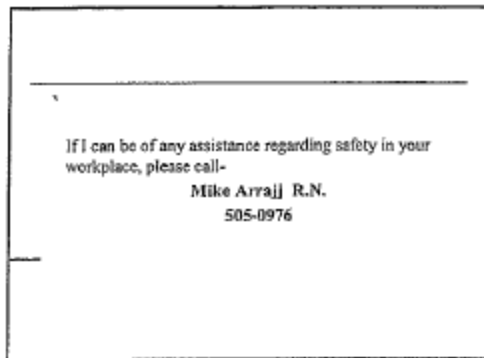
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## De-Escalate Anyone, Anywhere, Anytime: Unplug the Power Struggle with Principle-Based De-Escalation

Presented by Steven Seiller, Administrator, Service Alternatives Training Institute

- Free e-book: <http://myrightresponse.org/>
- **YouTube Video:** De-escalate Anyone, Anywhere, Anytime: Unplug the Power Struggle Principle-Based De-escalation: <https://www.youtube.com/watch?v=hrqfxEkE1n0>

Here is an excerpt from their website:

Always remember that someone who is escalated is under stress and not likely to think clearly. Trying to force the situation to resolve as to how and when you want it is not likely to de-escalate that situation. This is not a good time to expect the escalated person to easily engage in learning, problem solving discussions or debriefing the situation.

De-escalation is all about helping and improving a situation. It is not about making it worse so avoid any actions which will escalate the situation. What that might be really depends on the circumstances and the people involved.

Well, could just about any action make the situation better or make it worse? The fact is that something that works for one person or in one setting may not help all others.

What, Then, is De-escalation?

- De-escalate [ dee-es-kə-leyt ]: reduce the intensity of (a conflict or potentially violent situation).

When you de-escalate someone or some situation, you act to improve the situation (and not make it worse.) Your intervention might be something you do, something you say or even choosing to do or say nothing. Just about anything could be the right response.

You definitely want to avoid the wrong response. The wrong response can make the situation worse!

## Great Research Article about De-Escalation Scenarios/Strategies for People who Work in Psych Emergency Services

Verbal De-escalation of the Agitated Patient: Consensus Statement of the American Association for Emergency Psychiatry Project BETA De-escalation Workgroup:

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3298202/>

## Responding to Challenging Situations Related to the use of Psychostimulants: A Practical Guide for Frontline Workers

From our harm reduction friends from Australia:

[http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/07FF9B0DE1B39D7ECA25764D0080C854/\\$File/chall.pdf](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/07FF9B0DE1B39D7ECA25764D0080C854/$File/chall.pdf)

## Notes on De-Escalation:

These are notes that our syringe access/6<sup>th</sup> street harm reduction center team brainstormed at a staff meeting. It is great to invite teams that work together to talk about these issues, make plans that fit their work, settings, and they (of course) are have a lot of violence prevention and de-escalation expertise to share.

## Syringe Access Services Conflict Resolution and De-Escalation

### SAS De-escalation Best Practices Brainstorm Notes

Here are some examples of situations that might require de-escalation at sites.

- Two participants begin arguing after their dogs get in a fight
- Police officers or community members who are angry about our services, improperly discarded syringes, objections to harm reduction programming, perceptions that our programming brings people who use drugs to the block etc. go off on a SAS staffer, SAS volunteer, or SAS participant.
- A participant experiencing psychosis who is agitated.
- A participant who is very drunk or high and agitated.
- Asking a participant to leave a site. (because of a behavior concern i.e. threats of violence, violence)

- A participant gets upset with a volunteer over the service they are receiving (i.e. real or perceived poor communication/manners, lack of patience if there is a wait, what services and/or resources we have to offer, limits set on the interaction/boundaries etc.)
- Sexual harassment of a volunteer, staff member, or participant. (unwanted/unwelcome touch, speech, eye contact, body language, proximity, tone)
- Two participants (friends, comrades, acquaintances, lovers/partners) get into an argument over an issue not connected to the site.
- One participant thinks another participant stole their belongings, cut in line in front of them, took more of their “fair share”
- An argument comes off of the street and into our harm reduction center.

How can the environment expand or limit de-escalation choices/practices? What does the environment/setting contribute to your challenges or advantages in de-escalating a situation? Each situation is unique.

- Space- how tight or expansive is the space you are in. (indoors/outdoors)
- What kind of audience does the situation have? (how are others in the room able to manage being exposed to yelling, threats, anger, upset)
- What else is going on in the environment (who else is there? How are they connected or not connected to the parties involved? Are there other people around who might jump in? Are there people in the room who may want to “protect” staff, volunteers, a friend who might be involved who you will have to tactfully ask to let you handle it)
- Is SAS a new face in this environment/outreach...what kinds of relationships do we have to the space and the people we meet there
- Do we know the person/people involved? What kind of connection do we have? Do they have trust in us?
- Fixed v. mobile site. At a fixed indoor site you can ask someone to leave. At an outdoor site (like Duboce/Hemlock/Bayview/Camps) not so much.
- Is the site busy or slow?
- Is the site well-staffed + SAS volunteers or is it shorthanded.
- How is the space laid out? Is there a clear unobstructed pathway to the door? Are there bags and furniture in the way? Is it crowded? Is there loud music? How is the lighting?
- Is there a private place (or less public space) to invite the upset person into to reduce the audience/energies responding to the situation?

**BLACK AND WHITE:** What are some situations that would cause us to ask a participant to leave for the day?

- Physical violence
- Threats of physical violence.



- Peeing/pooping anywhere that is not the bathroom (and it's intentional/they **can** control it)
- Exposing privates (on purpose), masturbating, etc.
- Physically touching in an unwanted sexual way a volunteer, staffer, participant.

**GREY:** What are some situations that might cause us to ask a participant to take a walk, take a break, possibly leave for the day or might be resolvable by helping the person regain control of their emotions/behavior, calling attention to the problematic behavior, naming it, asking the person to make an adjustment (behavior, volume level, speech,) and letting them know if they can't they will be asked to take a walk and/or leave for the day.

The communication is meant to let them know they are being heard, your role is to understand and help them succeed in the space, and you want to tell them clearly what the problem is, and what the behavior guidelines/expectations are at the site/space.

- Foul speech: sexist, racist, homophobic speech.
- Sexual harassment
- All situations are different- and things take varying degrees of time- but you may have to ask a participant to leave if they aren't responding to your attempts to de-escalate the situation, continue to be elevated, upset, yelling.
- Participants are often not sure where the boundaries are, may be confused, might not be in the same screenplay as you, might be high and have less a grip on themselves, so it's good to tell them where the line is, and what they did to cross it.
- Sometimes participants get confused about what the relationship between them and a volunteer or staff member is about- or they test boundaries to see where they are and what the relationship is about.
- Communicating with words, body language, facial expression in a way that shows you care about them and respect them, helping them understand what they are doing isn't working in the space/service gives them an opportunity to adjust their behavior.
- The vibe with which you deliver the message, the energy you bring to it should be grounded in respect and kindness- using humor can be a good help (if it's appropriate) and nonverbal communication (noises/facial expressions/gestures) can be great too.
- The key is to deliver the message sincerely- participants are experts at reading people's body language, tone of voice, eye contact, facial expressions, and so it's good when the words and body language match.

## De-Escalation Best Practices

### DO'S

- When stuff pops up real quick, look at your volunteers and let them know you got it.

- Keep volunteers in their station + doing business so the site continues to run smoothly (unless there is physical violence or threats- then close the site down and move participants and volunteers out of harm's way)
- Aftercare: check in with volunteers, participants, and co-workers.
- Clients get to get mad, staff does not. We are at work in a role. So the work of de-escalating is controlling our very natural fight or flight response in the situation, managing our emotions so that we can help the participant regain control of theirs.
- Pass the situation off to a co-worker if you know you don't have the tool in your toolbox that day to keep your cool and help the participant.
- Ask co-workers for help when you need it.
- If you are de-escalating a situation, give your co-worker eye contact so they know how you want them to proceed (with your eyes ask for help with the intervention or asking them to hang back just being a neutral/witness/presence while you handle it)
- Use non-violent communication.
- Reflect back what the escalated person is telling you, really pay attention and listen to the content and the underlying emotion (i.e. frustration, anger, sense of injustice) so that you can join with them around the issue (or at least the upset)
- Clear space to the door, empty the room, have a pathway to the exit.
- Removing yourself from the situation if you are not the one that day who can help this person come back into control of themselves (pass it on to a co-worker who might be better received if that's necessary)
- Don't match their voice level if they are yelling.
- Identity dynamics: Be aware of how the person is relating to you/what their story is about you (i.e. race, gender, size, role at the site/authority figure etc.) Who is the best person to intervene if these are part of the escalated scenario?
- Support volunteers and participants to step back- they will often want to come to our aid to protect us- they may try to get between the upset participant and you- and could get hurt. Whichever staff person is not engaged with the agitated person should tell volunteers and participants that the situation is being handled and the best way to help is to stay calm and not put gas on the fire- give the person engaging in the de-escalation and the agitated person the time and space they need to bring the situation down.
- Ground your words, body language in a genuine concern for the participant and their welfare- come at it with the attitude that you want to help them succeed in moving through this temporary loss of control.
- It is not our job to mediate when two clients are fighting, it is okay to ask them to leave and NOT ENGAGE around whatever dispute they are having.
- Try to stay grounded.
- Communicate with your eye contact, tone of voice, open body language that you are there trying to help.
- If you know the person's name, use it
- Join with them. Validate the grievance or the emotion.
- Let them know the concern is important to you and to SAS
- Have a safe word for sites i.e. PINK PEN

- Hear them, really listen and try to understand
- Mantra- broken record- repeat over and over what you need to have happen. i.e. I am asking you to please leave.
- Ask permission, “I’d like us to step over here so we don’t get in the way of the site and I can really focus on listening to you. Can we move over this way, please?”
- Give clear directions- give options where you can.
- Stop the services temporarily.
- Separate them from the larger group- isolate the disturbance
- Never stand right in front of someone- it can feel like a face off. Stand at an angle or beside them. If they are sitting- sit. If they are standing- stand. Kneeling- kneel.
- Hear them- sincerely- watch your tone. Don’t let sarcasm or lack of patience come across.
- Let them know about the purpose of the service i.e. “It’s important that we serve the people who came today for supplies. It’s what we are here for. “
- If two participants are having an argument, ask them to please take it away from the site and puts community support of our program in jeopardy and also messes with our other guests.
- Everything is going to be worse if we have to call the police. No one wants to call the police.
- Talk with your co-staff person about how you would like their support if you are de-escalating a situation. Let them know. Also, if they are going to cut in on your dance- how would you like them to do it?

#### DON'TS

- Adding another person into the mix, crowding the escalated person, surrounding the escalated person isn’t the best.
- Don’t jump in on your co-worker’s interaction unless they give you an indication that they want you to.
- Never tell someone to “calm down”.
- If physical violence is eminent, call the police immediately.

#### Self-care Resources:

- Mindfulness Body Scan by Jon Kabat Zinn: <https://www.youtube.com/watch?v=SJxQ8CWxzPw>
- Deepak Chopra - The Secret of Healing - Meditations For Transformation and Higher Consciousness: [https://www.youtube.com/watch?v=Uin2q\\_hEHIU](https://www.youtube.com/watch?v=Uin2q_hEHIU)
- Starhawk Grounding Meditation (Wicca): <https://www.youtube.com/watch?v=FP5F5y0xUhQ>
- \*Breathing Techniques\* (Yoga, Meditation, Relaxation, Stress, Cancer, Blood Pressure) Kapalbhathi: [https://www.youtube.com/watch?v=d6d7\\_oJGzKQ](https://www.youtube.com/watch?v=d6d7_oJGzKQ)