

Changing Behaviors From a Rolling Boil to a Simmer: De-escalation Strategies to Defuse Difficult Situations

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Host



Nikki Harris, MA, CBHC-BS

Training and Education Lead

Nikki serves as the training and education lead for the Center of Excellence for Behavioral Health in Nursing Facilities (COE-NF). For the past 20 years, Nikki has provided program implementation, development, management, external and internal trainings, policy development, quality assurance, and managed training coordination and technical support throughout the southeast region.

Previously, she served as the program manager for the Division of Behavioral Health and Substance Use Services within the South Carolina Department of Corrections.

She has a B.A. in psychology from the University of South Carolina, a M.A. in counseling from Webster University and is a certified behavioral specialist.

Presenter



Barbara Bull, RN, BSN

Director of Nursing,
Director of Clinical Development

JAG Healthcare

Barbara “Barb” Bull has 41 years’ experience as a registered nurse in both acute care and long-term care settings. The last 13 years she has been working with a behavior population in the long-term care setting.

Barb is also certified CPI instructor. Her trainings provide common sense approaches to managing difficult behaviors that focus on resident and staff safety.

In addition to serving on the nursing advisory boards at North Central State College and Wayne County Schools Career Center, Barb is active in her church. She is married to Adrian, who is a retired paramedic and fire chief, and together they have two adult daughters and a grandson. Her hobbies are all things family, reading, cooking, baking and DIY home projects.

Learning Objectives

1. Identify what contributes to escalating behaviors and how appropriate staff responses can positively impact outcomes.
2. Recognize how communication skills are important for building rapport with residents in crisis.
3. Learn strategies and techniques to help manage crisis situations.

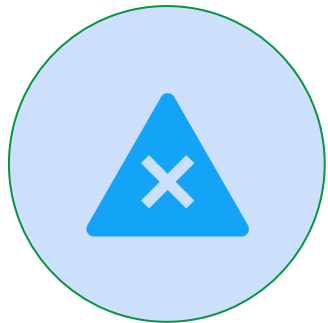
What is the goal of any de-escalation strategy?



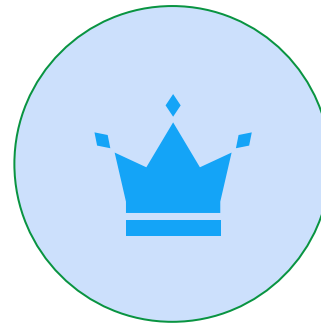
Promote safety for all –
staff and residents



Understand what is
causing the agitation –
Get to the “why” of the
behavior



Help the resident in crisis
get back to a place
where they are able to
process more rationally



Restore peace to the
kingdom

Escalation -- Defined



Escalating behavior is when someone becomes more agitated, angry or violent in a situation.



They can be disruptive or dangerous and pose a risk to the safety of others, both peers and staff.



Escalation indicates that the resident is struggling to maintain control over their emotions.

How Did We Get Here?

1

What is the trigger for this resident's escalating behavior?

2

What does escalation look like for this particular resident?

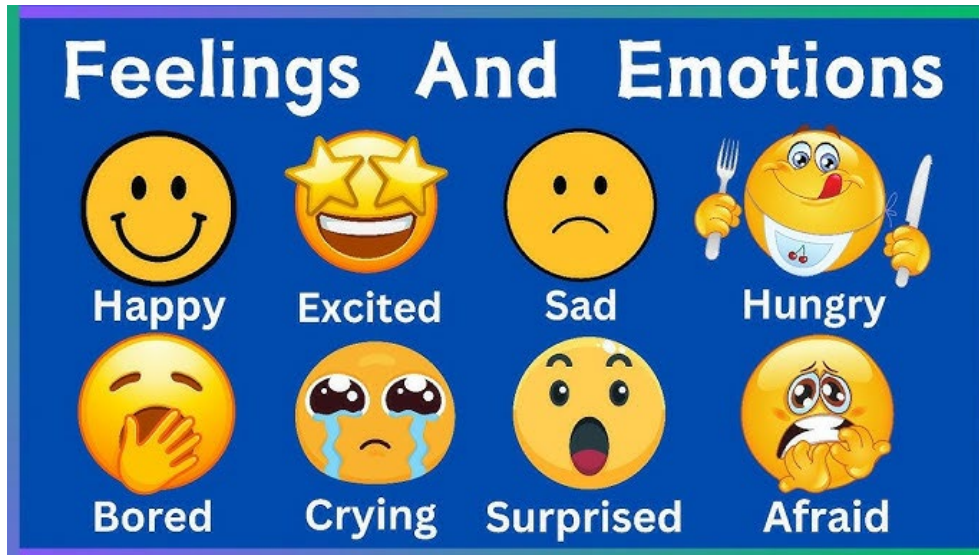
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What are contributing factors to this resident's escalation?

4

How does the resident's SMI impact their escalating behavior?

How Does a Resident Present When Escalating?




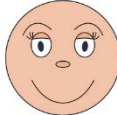
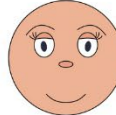
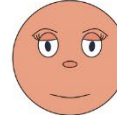
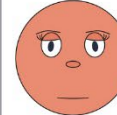
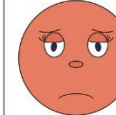
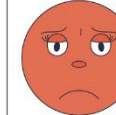
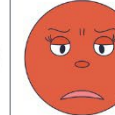
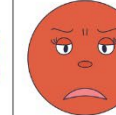


- Can be different for everyone.
- Recognize early signs that a resident is losing control.
- Pay close attention to any sudden or significant changes in behaviors or a deviation from their behavioral baseline.
- A resident often becomes more vocal about their emotions and starts making threats towards others or themselves.
- The resident may be socially withdrawn and refuse to comply with requests.

How Does a Resident Present When Escalating?

- **Frustration** – a reaction or resistance to information
- **Blame** – Placing responsibility for problems on others
- **Anger** – a physical change in body posture and disposition
- **Hostility** – shouting, swearing, or making threatening gestures
- **Physical signs** – pacing, clenching fists, destroying property
- **Reduced communication** – silence, withdrawal or isolation

What's Behind the Escalation?

COMPARATIVE PAIN SCALE CHART (Pain Assessment Tool)

										
0 Pain Free	1 Very Mild	2 Discomforting	3 Tolerable	4 Distressing	5 Very Distressing	6 Intense	7 Very Intense	8 Utterly Horrible	9 Excruciating Unbearable	10 Unimaginable Unspeakable
No Pain	Minor Pain			Moderate Pain			Severe Pain			
Feeling perfectly normal	Nagging, annoying, but doesn't interfere with most daily living activities. Patient able to adapt to pain psychologically and with medication or devices such as cushions.			Interferes significantly with daily living activities. Requires lifestyle changes but patient remains independent. Patient unable to adapt pain.			Disabling; unable to perform daily living activities. Unable to engage in normal activities. Patient is disabled and unable to function independently.			

- Fear, anxiety, stress
- Unmet physical or emotional needs
- Traumatic experience – trauma history
- Pain
- Impaired cognitive ability (ID, SMI or Dementia)
- Impaired communication skills
- Impaired hearing and vision
- Frustration

How Serious Mental Illness (SMI) Impacts Escalation

Anxiety Disorder	Mood Disorder	Personality Disorder	Psychotic Disorder
<ul style="list-style-type: none"> • Over focus on one topic or issue • Seeks reassurance, repeatedly checks that everything is OK • May catastrophize or have thoughts of impending danger • Pacing, questioning, picking at hands and skin • Wants to share their feelings and seek reinforcement from others that their thoughts and feelings are true • Strike out at staff • Disconnected thoughts and feelings • Seek privacy to self-harm 	<ul style="list-style-type: none"> • May lack energy • Irritable, restless • Pace, repetitive behaviors • Dress or act provocatively • Asks the same questions over and over • Invades personal space • Becomes impulsive • Poor decision making • Refuses to cooperate with staff directives • Strike out at staff who are asking resident to do something they don't want to do • May self-harm 	<ul style="list-style-type: none"> • Increasingly dividing staff and others through conversation • Targets people • Attempts to control which staff can/can't work with them • Make accusations about others • Inappropriate emotional responses to interactions • Increased level of fantasy or belief in ability, influence, power or control over others • Will use weapons to cause harm to self or others • May encourage risk behaviors in others 	<ul style="list-style-type: none"> • May socially withdraw and appear to lose their daily living skills • Hallucinate • Increasing paranoia • Make grandiose claims about their status and abilities • Flight of ideas • Increased fixation with weapons • Will make demands • May strike out at staff who are asking the resident to do something they don't want to do. • Aggression is not goal directed and appears solely related to their level of acute psychological disturbance

Time to Turn Down the Heat

- Get in front of escalating behaviors.
- Be aware of your personal space and proximity to the resident.
- Create a safe environment – remove any objects that could be used to cause harm and provide a quiet space.



Time to Turn Down the Heat

- Use communication, empathy and problem solving to stabilize, slow or reduce the intensity of the situation.
- Monitor your own behaviors and emotions. While you cannot control other's behaviors, how **YOU** respond will affect whether the situation continues to escalate or defuse.

DE-ESCALATION

Responses, tips and reminders to help stabilize tense situations.
Another sentence here and it carries on and on until it's over.

FIVE PURPOSEFUL ACTIONS



REMAIN CALM

Responses, tips and reminders to help stabilize tense or stressful situations.



CHANGE THE SETTING

If possible, remove people from the area. This could involve parties to the conflict and onlookers.



RESPECT PERSONAL SPACE

Maintain a safe distance and avoid touching the other person.



LISTEN

Give your full attention, nod and ask questions, and avoid changing the subject or interrupting.



EMPATHIZE

Present genuine concern and a willingness to understand without judging.

$$E + R = O$$

Event + Response = Outcome

An outcome -- either positive or negative -- is the result of how you respond to an event, not just the result of the event itself.

It is about owning your response to life's events to control the outcome.

Life is a series of events and while we have little to no control over most events, we do have control over our responses.

Tone of voice, volume, word choice, body language, eye contact

Strategies to Defuse Difficult Situations

Every behavior is an attempt at communication

Know how a particular resident calms down

Use your environment to your advantage – be aware of your surroundings

Use staff that have a good relationship with the resident to assist you in helping them calm down

Do not match their energy – avoid over-reacting

Keep communication direct – not defensive. Use short, clear concise words and phrases

Strategies to Defuse Difficult Situations

Set

- Set limits and boundaries

Do not allow

- Do not allow yourself to be pulled into power struggles

Use

- Use silence to allow the resident time to process

Empathize

- Empathize with the resident's feelings – not the behavior

Utilize

- Utilize non-pharmacologic interventions as the resident starts to calm

Talk about

- Talk about how to prevent them from feeling like this again – how do we prevent this type of outburst going forward

Strategies to Defuse Difficult Situations



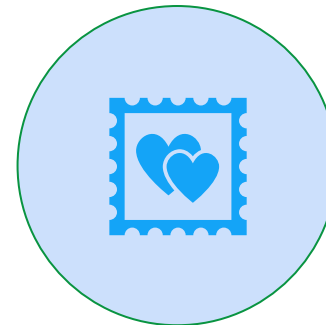
Responsive to resident's use of PRN medications for SMI.



De-escalation doesn't prevent all challenging behaviors from happening. Have a Plan B.

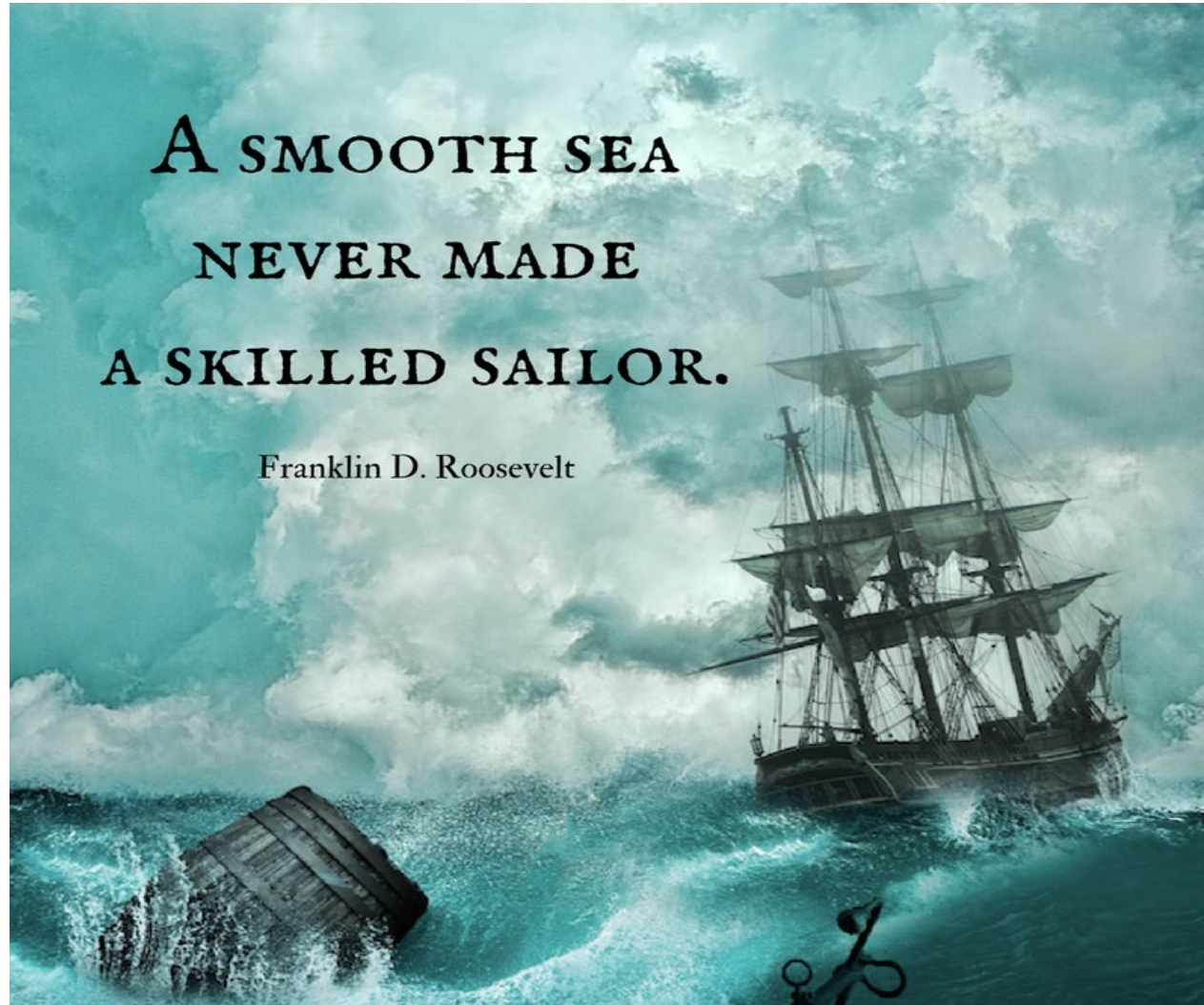


De-brief those staff that were involved in the crisis or peer residents who are agitated because they witnessed the event.



Love them on their worst days the same way that you love them on their best days – because that is when they need it the most.

Practice Makes Perfect



- If someone only experiences easy, comfortable situations and never faces any difficulties, they won't develop the skills necessary to manage challenging situations in the future.
- Just as a sailor only becomes skilled by navigating rough waters, people can become more confident and more capable by facing and overcoming difficult situations.

When It Is All Said and Done

- Help the resident get back to a place where they are calm and can think more rationally.
- Provide frequent check-ins to make sure the resident knows that they are cared about and that your relationship with them did not suffer because of their behavior.
- Re-visit with the resident what could have been done differently and to prevent the incident from happening again. **Ask the question:**
 1. What can the resident do, and
 2. What can the care team do to make this easier next time for everyone.

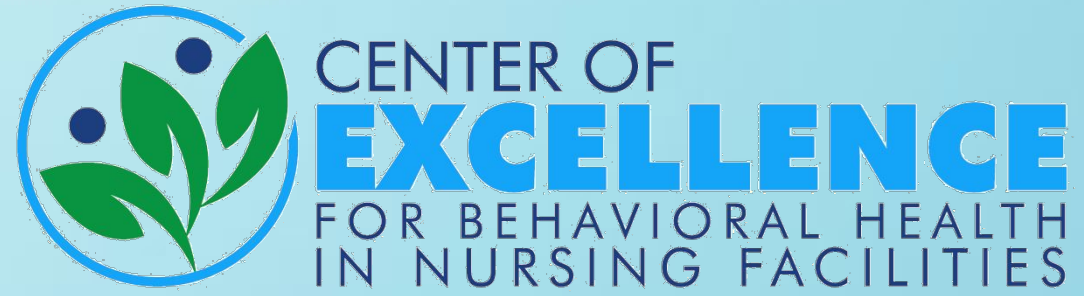
“Know all the theories.
Know all the techniques.
But as you touch a human soul
be just another human soul.”



Carl Jung

1875 – 1961

Swiss Psychiatrist, Psychologist and Psychotherapist



Questions?



De-escalation Strategies


Your team will gain knowledge to:

- Learn the importance of nonverbal communication.
- Understand how escalation and de-escalation impact residents, staff, and the overall care in nursing facilities.
- Identify early warning signs of escalating behaviors.
- Evaluate the role of personal readiness (self-check) in de-escalation.
- Apply skills to de-escalate an event effectively.

https://bit.ly/COENF_DeescalationToolkit



De-escalation Strategies: Toolkit Contents











The Do's and Don'ts of Nonverbal Communication

What is Nonverbal Communication?
Nonverbal communication is showing your thoughts, feelings, and mood through visual and physical actions, without using words. It includes gestures, facial expressions, body movement, posture, space, eye contact, tone of voice, and touch. This is also known as body language.


Why is Nonverbal Communication Important?
Nonverbal communication is important because what you say verbally and what you communicate through your body language may be totally different. You are communicating even when you're not aware of it. The more you pay attention to your nonverbal gestures and actions, the more effectively you can communicate.

80%
of all communication is nonverbal

✓ DO	✗ DON'T
 Use positive body language like smiling and appropriate eye contact when helping residents.	 Use negative body language like crossing your arms, frowning or rolling your eyes.
 Use gestures like nodding to show you are listening when a resident is talking to you.	 Use actions that make you appear distracted, like checking your phone.
 Respect personal space when talking to a resident.	 Use aggressive postures like standing too close or staring.
 Approach the resident from the front.	 Approach from the back or side.

Additional Resources
For additional resources, visit www.nursinghomebehavioralhealth.org or simply scan the QR code.

This material was prepared by the Center of Excellence for Behavioral Health in Nursing Facilities. This work is made possible by grant number 1H79SAM067155 from the Substance Abuse and Mental Health Services Administration (SAMHSA). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Substance Abuse and Mental Health Services Administration.



BITE-SIZED LEARNING

De-escalation Strategies

Gain a better understanding of how to use de-escalation strategies to assist residents experiencing distress.

WATCH VIDEO


MODULE

De-escalation Strategies

Learn key skills to safely de-escalate challenging behaviors in nursing facilities.

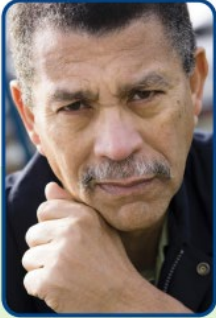
COMPLETE PRE-TEST

COE-NF Resources


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IN NURSING FACILITIES

Tips to Manage Challenging Situations

When residents are experiencing a high level of fear and anxiety, staff may notice a wide range of emotions and behaviors, such as increased anxiety levels, crying spells, crying out, fear, aggression and agitation. Here are some tips that will help staff provide the best possible care and safety when intervening in these situations:




1. Ask about and listen to the concern(s).
2. Remain calm and speak in a monotone voice.
3. Answer questions the resident may have about the situation; be concise and honest.
4. Offer reassurance that everything that can be done, is being done.
5. Politely tell the resident what you would like him/her to do.
6. Offer choices. Ask, "What can I do to make you feel better?"
Follow through if it is within your control. For requests outside of staff control, share the need with management.
7. Do not become involved in a power struggle or escalate the situation. Know when it is time to step away and allow a colleague to engage.
8. Be mindful of nonverbal body language: facial expressions, hand movement, posture and gestures.
9. Do not take the interaction personally.
10. If you are unfamiliar with the resident, consider involving a staff member who is familiar with the resident.
11. Staff should report any changes in behaviors to the charge nurse.



The Center of Excellence's **Comfort Menu** offers many helpful options to help residents reduce anxiety and discomfort.

Obtain a behavioral health consult if symptoms of agitation persist.

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coeinfo@allianthealth.org

Scan the QR code or
visit the link below to view this resource.

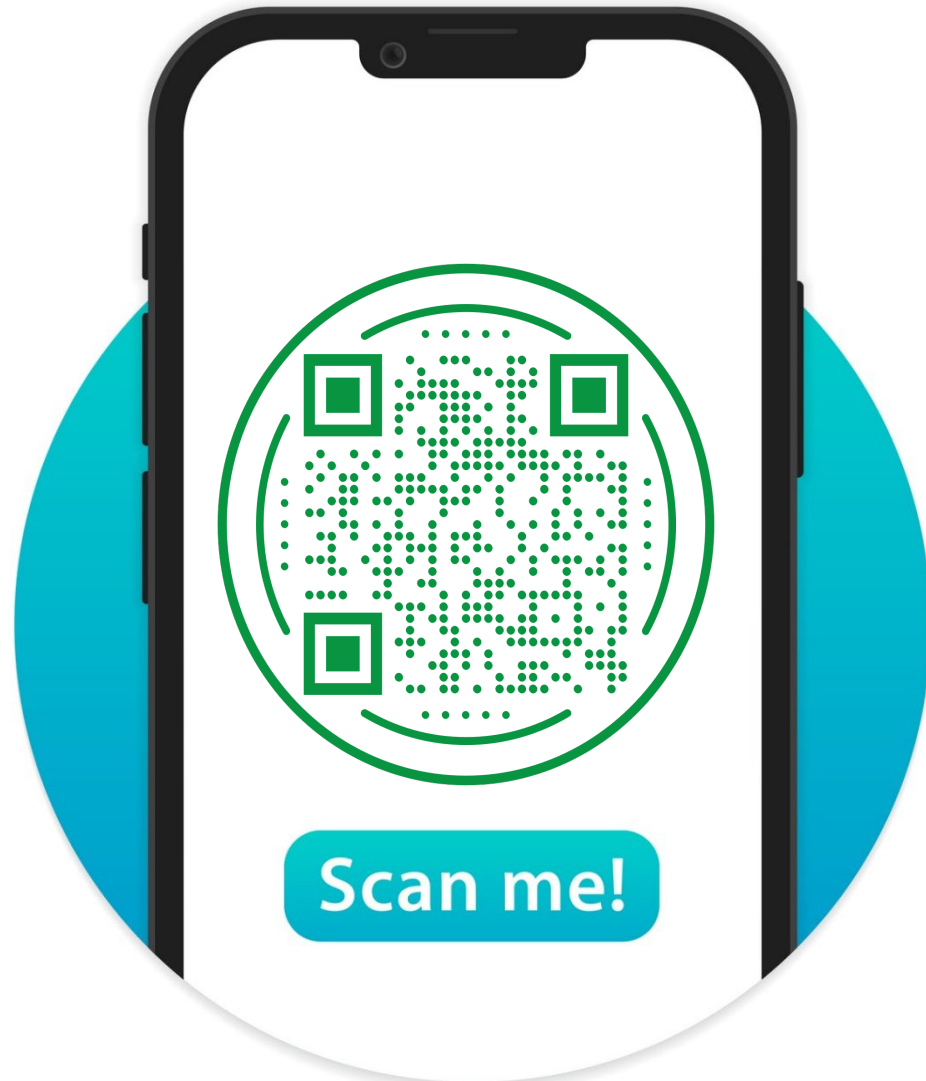
Tips to Manage Challenging Situations

https://nursinghomebehavioralhealth.org/news-events/site_resources/tips-to-managing-challenging-situations/

SCAN
ME!



Request Assistance



To submit a request for assistance,
scan the QR code.

We look forward to assisting you!

Contact us:

For more information or to request assistance, we can be reached by phone at **1-844-314-1433** or by email at coeinfo@allianthealth.org.

Visit the website:

nursinghomebehavioralhealth.org

Connect with COE-NF

Monthly Newsletter

- Shares behavioral health resources
- Provides nursing facility behavioral health regulatory updates
- Announces upcoming training opportunities

Social Media Profiles

- LinkedIn: www.linkedin.com/company/nursinghomebh/
- Twitter: twitter.com/NursingHomeBH
- Facebook: www.facebook.com/NursingHomeBH
- YouTube: www.youtube.com/channel/UCgnRi9EFB9rXApnIUwS09sw

Text Messaging Platform

- Enables nursing facility staff to receive COE-NF updates on their smartphone

SCAN ME



**Scan QR code to
sign up for the
COE-NF newsletter.**

Thank You!



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