

Staying Calm in a Crisis: How to De-Escalate the Escalating Resident

DMHAS Statewide Services
Nursing Home Diversion & Transition
Program

Let's Talk About....



- How to spot when a resident is agitated and beginning to escalate
- How to stay calm to help defuse the situation
- How to be Proactive in our planning to prevent a “next time”

Frustration can quickly lead to Agitation

Agitation can occur suddenly or slowly, and can last anywhere from a few minutes to an extended period of time.



Frustration can quickly lead to Agitation



Warning Signs:

- Agitation can appear as irritability, restlessness, hostility or sarcasm.
- You may notice the resident pace, move quickly, not sure of where he/she is going.

He/she may state “I can’t sit still”, “I feel uncomfortable staying in one place”, or “I need to move around.”

Causes of Agitation other than Mental Illness:

- Medical conditions with chronic pain, or sudden onset of a medical condition such as a Urinary Tract Infection
- Undiagnosed or Uncontrolled Diabetes
- Substance Abuse/Withdrawal/Delay in medications
- Medication side affects/interactions, New medications added to regimen



Causes of Agitation other than Mental Illness: (Cont.)

- Lack of sleep, sleep disturbance
- Family conflict/disappointment
- Disagreement with Treatment Plan/Discharge Plan
- Negative interactions with others (staff or other residents)
- Promises made by staff/treatment team not kept

What Agitation Looks Like:

Mild to Moderate Agitation:

Picking at skin, Clothing

Pulling hair

Hand wringing

Shuffling feet, Pacing

Volume raising, Verbal outbursts

Lack of focus, Difficulty concentrating

Excessive talking, Increased excitement



What Agitation Looks Like: (Cont.)

Severe Agitation:

Poor impulse control

Uncooperative, Hostile

Clenching fists, Threatening
stance or Body language,

Threatening/disruptive behavior

Loud volume, Screaming, Yelling



Agitation Crisis:



- Can become a danger to themselves or to others
- Extremely impulsive, Poor judgement
- Yelling obscenities, in-your-face behavior



Agitation Crisis: (Cont



- Physical Violence (hitting, kicking, punching, spitting, throwing or breaking objects, slamming doors, knocking over furniture)
- Running Away (can attempt to leave the facility, jeopardizing their own safety, run into traffic, etc.)

What to Do?

- Respect personal space, maintain *at least* 2 arms' length distance
- Identify client's wants and needs
- Speak calmly and slowly



- LISTEN closely
- Repeat back what client is asking for



What to Do? (Cont.)

- Agree or agree to disagree
- Offer choices
- Be concise, clear, and brief in re-direction
- Set Clear Limits and repeat your message



What to Do? (Cont.)



Offer a Coping Skill:

Listen to music

Drawing

Reading

Going for a walk

Talking with
someone

Deep breathing

Writing in a journal

Offer a cup of water

Offer choices and
optimism, give the
resident an “out” to
save face

SMILE

Use humor
whenever possible
and appropriate

During an Agitation Crisis

Remember To:

- Stay nearby the resident, offering calm support.
- Leave only if you feel unsafe, and be aware of your exits.
- If he/she yells “leave me alone!”, then give plenty of space, but keep eyes on from a distance.
- The issue the resident is having may be with you, so it’s ok to ask another staff member to step in.



During an **Agitation Crisis** Remember To: (Cont.)



- Ensure Safety, remove nearby objects that could cause harm
- Ensure others' safety, guide other residents out of the area
- Allow space and allow to pace.
- **STAY CALM** – the resident will “mirror” your volume, if you speak softly and slowly, the resident will begin to do the same
- Keep your hands visible

What NOT to Do:

- **DO NOT BE PROVOCATIVE** – don't antagonize the client or upset him further, trying to argue with the resident will only make it worse
- **AVOID POWER STRUGGLES** by picking your battles.

Does it really matter if he sits in *this* chair or *that* chair?



What NOT to Do:

- **Remember what is really important – *SAFETY***
- **Don't talk too much, you may overload the resident with too much stimulation**
- **Allow him/her to process and calm in their own way, unless a safety issue.**



What NOT to Do: (continued)

- **Avoid folded arms, which can be viewed as defiant**
- **Avoid direct and prolonged eye contact which can be viewed as challenging**
- **Avoid standing directly in front of and facing the resident, stand at an angle**



What NOT to Do: (continued)

- **Do not make any sudden or quick movements**
- **Do not impede the resident's space**
- **Do not block the resident's exit, unless a safety concern**

How the situation plays out is often up to you! What do you choose?



After the Storm: Be Proactive

- Play Detective
- Why did the resident become agitated?
- Is there an underlying illness (seizures, overdose, infection, thyroid, withdrawal)?



After the Storm: Be Proactive

- Does the resident have a history of aggression/agitation?

If so, develop a plan with the healthcare/treatment team



What has worked well in the past?

- If not, then why so agitated this time?

What was different?



After the Storm (continued):

Review options for the resident, what can be offered?

- Peer support
- Talk therapy
- Medication Review
- Additional daily social programming or activities



After the Storm (continued):

- **Treatment Examples:**

- Relaxation techniques
- Medications
- Mindful breathing



- Hypnotherapy
- Meditation
- Exercise
- Music and/or Art therapy
- Walking group

After the Storm– Debriefing Questions to Ask

Ask The Resident:

- *What was going on, why did you become so upset?*
- *Is there anything you could have done differently?*



After the Storm— Debriefing Questions to Ask (cont.)

- ***What has worked for you in the past when you have been frustrated like that?***
- ***Do you like how you handled it?***
- ***What would you change?***



After the Storm– Debriefing Questions to Ask (Cont.)



Ask The Staff:

- ***What was our part in the resident becoming so upset?***
- ***How did we add to the resident's frustration?***
- ***Do we like how we handled the situation?***



After the Storm— Debriefing Questions to Ask (Cont.)



What would we do differently?

- ***How were we feeling when this was happening (stressed, tired, overwhelmed, angry)?***
- ***Did our feelings get in the way?***

Some Final Thoughts:

- Focus on the positives, take note of what went well so it can be repeated.
- What did the resident learn?
- What did the staff learn?



Some Final Thoughts: (cont.)

- Are there any environmental or policy/procedure changes that can be made if this is a recurring issue?
- Remember, **SAFETY** is everyone's job!

Questions?

