

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

DMHAS Statewide Services
Nursing Home Diversion & Transition
Program

How to be proactive on our approach and planning....

- How to spot when a resident is agitated and beginning to escalate
- How to stay calm to help de-fuse 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.



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 use/Withdrawal/Delay in medications
- Medication side affects/interactions, New medications added to regimen
- 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 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.)

Moderate Agitation:

Poor impulse control

Uncooperative, Hostile

Clenching fists, Threatening stance or
Body language,

Threatening/disruptive behavior

Loud volume, Screaming, Yelling

Severe Agitation:



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

Listen closely

Identify client's wants and needs

Repeat back what client is asking for

Speak calmly and slowly

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

Allow Resident to process and calm in their own way

During a severe episode 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 is ok to ask another staff member to step in



During a severe episode remember to:

- 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

Things to Avoid

- **DO NOT BE PROVOCATIVE**
- **AVOID *POWER STRUGGLES*** by picking your battles.
- **Don't talk too much, you may overload the resident with too much stimulation**
- **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**
- **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**



What is a Power Struggle

- ❖ An interaction with the goal of gaining control of the situation.
- ❖ A Win/Lose interaction. Someone feels like the victor (gains power) and someone feels like the loser (and feels powerless).
- ❖ When someone is left feeling powerless, they want to get power back, oftentimes by acting out or becoming passive/aggressive
- ❖ This can lead to an angry outburst that can affect the whole community.

What to Do When You Find Yourself In A Power Struggle

- ❖ First – BREATHE!!!
- ❖ Change your strategy
- ❖ Be Calm
- ❖ Speak in a low tone
- ❖ Give plenty of space
- ❖ Ask questions “What is it that you want? How can I help you make that happen? What do you need from me right now?”

Questions often help defuse the situation and lower defensiveness

Give choices “Would you rather start your shower now or after breakfast?”

- ❖ Choices help the resident regain a sense of control.
- ❖ Allow the resident time to make his/her choice.
- ❖ Time and patience can also help to calm both parties.

After the Storm: Be Proactive

❖ Brain Storm

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

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?



What supports are available for the resident?

Peer support

Talk therapy

Medication Review

Additional daily social programming or activities

Relaxation techniques

Medications

Mindful breathing

Hypnotherapy

Meditation

Exercise

Music and/or Art therapy

Walking group



Questions to ask Resident after the event

- *What was going on, why did you become so upset?*
- *Is there anything you could have done differently?*
- *What has worked for you in the past when you have been frustrated like that?*
- *What would you change next time?*



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?
- ❖ Are there any environmental or policy/procedure changes that can be made if this is a recurring issue?



Safety First!!!

Remember, SAFETY is everyone's job!



Questions?

