



De-escalation and Defence in an Emergency Department Setting

This presentation draws from Australian research and from material taken from NMDHB's personal restraint manual.



Anger

Drivers usually relate to either primary or secondary anger.



In primary anger

- Fight, flight or freeze in reaction to an immediate life threatening event.
- A purely physiologically driven response.



In secondary anger

- Fight, flight or freeze reaction is a mixture of conscious and unconscious responses.
- Generated by past experiences/own world view.
- Triggers feelings of powerlessness and/or a fear of rejection.



Drivers

- Pain
- Anxiety
- Wait times
- Not being informed



Other possible drivers

- Psychosis.
- Delirium.
- Confusion.
- Intoxication.
- Other organic disorders.



De-escalation Framework

- **Trigger phase;** Increase in anxiety and irritability.
- **Es-calation phase;** Hostile and remote.
- **Crisis Phase;** Physical aggression.



Trigger Phase

Signs of Anxiety / Irritability

- Pacing
- Restless
- Worried expression
- Withdrawn
- Abrupt tone of voice
- Physiological signs; pallor, sweating, red face.



Intervention Skills

- Act immediately.
- Establish physical and emotional control of yourself.
- Be authentic.
- Maintain an open body posture and facial expression.
- Recognition of persons feelings and current state.
- Safe, sensitive and supportive approach.



De-escalation Technique

- Offer your help.
- Don't be afraid to apologise if appropriate.
- Reflective listening; nod, paraphrase, - ask about their concerns.
- Problem solving / reframing of issues.
- Suggest going to a quiet area.
- Encourage the client to sit with you.



Who/ what can support you?

- Family/whanau.
- Kaupapa /other staff.
- Police.
- Personal belongings.



Escalation Phase

Hostile and/or Remote

- Verbal expression of negative emotion.
- Direct insults / verbal threats.
- Looks angry or incongruently calm.
- Closed body posture.
- Reduced eye contact (?cultural norm).
- Aggressive tone of voice.
- Physiological changes; Rapid breathing, profuse sweating, shaking.



Intervention Skills

As in trigger phase plus;

- Ensure others are aware of the situation.
- Use a more directive approach if required.
- Contain level of arousal.
- Assess if safe to engage and continually evaluate this during de-escalation attempts.



De escalation Techniques

- Target arousal level by 'holding' eg; listening while using non-threatening body positioning.
- Target hostility by use of empathy and compliment.
- Target thinking by encouraging thought.
- Continue to use active listening techniques.



More de-escalation techniques

- Offer a way out by giving choices.
- Mood match.
- Mirror posture.
- Match breathing then reduce rate slowly.
- Personalise yourself.
- Who else can support?



Environmental management techniques

Before crisis phase

- Increase use of personal space for person and self.
- Consider safety of others - remove from area now.
- Consider use of environmental restraint if possible.
- Very low tolerance for calling for police backup.



Crisis Phase

Physically Aggressive / High Risk Aggressive Behaviour

- Throwing objects
- Tipping furniture
- Raising fists
- Slamming doors
- Serious threats of violence to self or others (very serious if has the means).
- Punching walls
- Assault



Interventions

- Your safety is paramount.
- Further increase personal space.
- Ensure you have an exit.
- Decision as to whether to respond or exit.
- If arms self, withdraw to a safe place. Wait for Police backup.



Defuse and Debrief

Always and Every time

Always defuse and or debrief.

Prevents PTSD symptoms.

Reduces sense of resentment.

Helps reflective process.

Builds sense of team.

Reduces the chance of violence being seen as normal and acceptable.



Emergency plan

- Make sure your department has one that everyone knows and has practiced it.