

## DE-ESCALATION STRATEGIES FOR ANGRY, AGITATED OR AGGRESSIVE PATIENTS AND VISITORS



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### JONATHAN WESTALL - INTRODUCTION **Current**

- Vice President Ancillary Services  
Martin Luther King Jr Community Hospital

#### **Former**

- Director of Support Services  
Huntington Memorial Hospital

#### **Education**

- Master's Law Enforcement Administration  
Grand Canyon University
- BA Criminal Justice  
Upper Iowa University



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### MARK REED - INTRODUCTION **Current**

- Senior Manager Enterprise Security  
City of Hope

#### **Former**

- Director of Support Services  
Martin Luther King Jr Community Hospital

#### **Education**

- BS Criminal Justice & Criminology  
Arizona State University
- Homeland Security Certification  
Arizona State University



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## OBJECTIVES

- Assess agitation level using current assessment approaches
- Consider body language and space management when caring for agitated patient or visitor
- Employ at least two verbal/listening de-escalation strategies

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## BACKGROUND

- ▶ According to the Occupational Safety and Health Administration (OSHA), approximately 75 percent of nearly 25,000 workplace assaults reported annually occurred in health care and social service settings.
- ▶ Workers in health care settings are four times more likely to be victimized than workers in private industry.
- ▶ The National Crime Victimization Survey showed health care workers have a 20 percent higher chance of being the victim of workplace violence than other workers.

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## WHAT ARE SOME OF THE ROOT CAUSES OF STRESS

- ▶ There are 4 common root causes:
- ▶ **Pain:** Medical illness is often accompanied by pain. Anger is a common emotion in patients with pain, especially chronic pain.
- ▶ **Fear and worry:** Being medically ill and hospitalized can be an intensely destabilizing experience for a patient. An unknown prognosis, the occurrence of complications, or the impact of the illness on a patient's independence can make a patient fearful about their future.
- ▶ **Feeling unheard or uninvolved:** Anger can arise because some patients may feel unheard. They do not feel that they are involved in their care or may feel that they do not have enough information about their condition.
- ▶ **An unidentified medical condition or psychiatric disorder:** Some patients may have underlying psychiatric or medical condition, such as the withdrawal from an addictive substance or the presence of major depression or delirium, which may cause them to become very angry or irritable toward their caregivers

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**SIGNS & SYMPTOMS OF STRESS**

- ▶ Change in Facial Expression -flushing
- ▶ Change in Eye Contact - darting, movement
- ▶ Change in Speech - speeding up or slowing down
- ▶ Nervous Nuances - twitching lips/face
- ▶ Shallow Breathing
- ▶ Acting Distracted or Confused
- ▶ Pacing and Fidgeting

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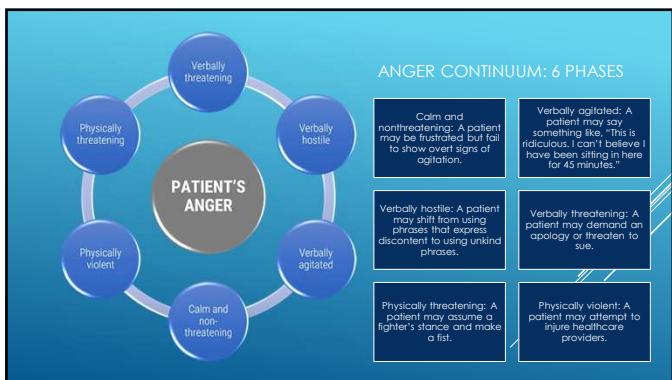


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**SIGNS & SYMPTOMS OF ANGER**

- ▶ Loud Voice
- ▶ Challenging Statements
- ▶ Foul Language
- ▶ Verbal Threats
- ▶ Veiled threats
- ▶ Physically Acting Out
- ▶ Pacing and tense
- ▶ Personal History
- ▶ Exaggerated Movements
- ▶ Demanding Expressions

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- ▶ One of the first steps in de-escalation for nurses and other staff is to assess a patient's level of agitation.
- ▶ The higher the level of agitation, the greater the risk for violent behavior.
- ▶ There are scales for measuring agitation levels, including the Behavioral Assessment Rating Scale (BARS), in which a normal-acting person is a 4, mildly agitated is 5, moderately agitated is 6, and severely agitated is 7.

## ASSESS THE AGITATION LEVEL

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## WHAT IS CONFLICT DE-ESCALATION?

- ▶ Conflict de-escalation is a broad term used to describe a wide variety of techniques that are useful in reducing tension between two people or two groups.
- ▶ De-escalation techniques involve both verbal and non-verbal interventions
- ▶ De-escalation is a type of conflict resolution or crisis resolution. It is a combination of strategies and techniques used to reduce a patient's anxiety, agitation, and aggression.

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## DE-ESCALATION STRATEGIES

- Body language
- Space management
- Verbal and listening strategies
- Setting boundaries

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**IT'S WHAT YOU DON'T SAY THAT COUNTS!**

**BODY LANGUAGE**

A type of nonverbal communication in which physical behavior, as opposed to words, are used to express or convey information.

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**DEVELOPING A POSITIVE PRESENCE**

- ▶ Facial Expressions
- ▶ Eye Contact
- ▶ Body Language
- ▶ Postures
- ▶ Gestures
- ▶ Hands
- ▶ Stance

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**SPACE MANAGEMENT**

- ▶ When we are too close to an individual it can cause them anxiety.
- ▶ Reactionary Gap
  - ▶ A minimum distance of 4-6 feet is always recommended.
- ▶ Never allow the patient to be in-between you and the exit

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## VERBAL AND LISTENING STRATEGIES

- ▶ Use your voice
  - tone-slow-quiet-confident
- ▶ Control your behavior
- ▶ Maintain a neutral posture
- ▶ Use names (individuals and yours)
- ▶ Respect a patient's personal space; keep a safe distance and avoid touching the agitated patient
- ▶ Do not stare; eye contact should convey sincerity
- ▶ Use attentive listening
- ▶ Do not make promises
- ▶ Clarify communications
- ▶ Ask for specific responses
- ▶ Express your intention to help
- ▶ Redirect their thoughts & environment

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## SETTING BOUNDARIES

- ▶ As a person progresses through a crisis, give them respectful, simple, and reasonable limits.
- ▶ Offer concise and respectful choices and consequences.
- ▶ A person who's upset may not be able to focus on everything you say.
- ▶ Be clear, speak simply, and offer the positive choice first.
- ▶ It's important to be thoughtful in deciding which rules are negotiable and which are not.
- ▶ For example, if a person doesn't want to shower in the morning, can you allow them to choose the time of day that feels best for them?
- ▶ If you can offer a person options and flexibility, you may be able to avoid unnecessary altercations.

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## WHEN THE DE-ESCALATION TECHNIQUES LISTED ABOVE FAIL, AND THE PATIENT BECOMES SEVERELY AGITATED, YOU SHOULD TAKE FURTHER PROTECTIVE MEASURES, SUCH AS:

- ▶ Position yourself between the patient and the door, so you can exit the room if the patient becomes threatening or violent
- ▶ Press the panic button if you feel unsafe
- ▶ Do not go into the patient's room alone
- ▶ Try to interview or treat aggressive or agitated patients in relatively open areas that still maintain privacy and confidentiality, if possible
- ▶ Legal protection: document the patient's complaints, the responses of the physician and healthcare institution to these complaints, and the outcome of each incident to protect yourself, physicians, and your institution from frivolous lawsuits
- ▶ Label patients who have a history that suggests a tendency for anger or violence

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► Use restraints only as a last resort, after attempting or exploring alternatives.  
Alternatives include having staff or a family member sit with the patient, using distraction or de-escalation strategies, offering reassurance, using bed or chair alarms, and administering certain medications

► The goal of using such restraints is to keep the patient and staff safe in an **emergency**.

► Could cause physical or psychological trauma

**LAST RESORT**



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**ANY  
QUESTIONS?**

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