

ENGAGEMENT & DE-ESCALATION STRATEGIES TO PREVENT ESCALATING PATIENT BEHAVIOR

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OBJECTIVES

Upon completion of this lecture, participants should be able to:

1. List patient engagement and de-escalation strategies.

2

What is Agitation?

“Agitation can be defined as excessive restlessness or mental tension accompanied by increased mental and physical activity.” (Elsevier, 2024)

- Agitation is not specific to a diagnosis.
- Patients can become agitated at any time for any reason.
- Other conditions, such as acute and chronic medical conditions, trauma, and even environmental issues can precipitate agitation in patients.
- Escalation is an increase in the intensity or seriousness of something. (Oxford, n.d.)

3

Three-Step Approach to De-Escalation

<div>“First,</div> <div>the patient is verbally engaged;</div>	<div>then,</div> <div>a collaborative relationship is established; and</div>	<div>finally,</div> <div>the patient is verbally de-escalated out of the agitated state.</div>
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The professional who is leading the de-escalating intervention requires ample time, self-composure, and team leadership skills to calm all involved.” (Stubbe, et. al., 2023)

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First Things First – Situational Awareness

- Situational awareness is paying attention to and understanding what is happening around you.
 - Gathering information
 - Analyzing the information
 - Making projections based on that analysis
- Then, having the ability to use the information gathered and analyzed.
- Scenario
 - The nurse needs to get a blood pressure reading per the provider's request for a necessary medication change. The nurse knocks on the patient's door and the patient looks angry and is not making eye contact (unusual for this patient). The nurse says good morning and the patient does not respond.
 - **What information can you gather, analyze and project based on this scenario?**

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Engagement is...

- Trying to understand and work effectively with someone.
- Being fully occupied with the other person.
- The other person knowing they have your full attention.
- Brings Whole Person Care to life!
- Strengthens the efficacy of the therapeutic relationship.
- Creates a working relationship that is calming, caring, and promotes problem solving.
- Helps the patient take their own feelings, fears, and distress seriously so they are better poised to move into problem solving.

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Engagement Strategies

General

Provide
Hope

Do
Something
Useful

Validation

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General Engagement Strategies

- Pleasant greeting, easy manner, convey interest and warmth
 - Smile and introduce yourself
- Look for and focus on what is true in the patient's communication
- Identify the outcome you want and assess the patient's wants
- Take the patient's agenda seriously
 - Responsive to patient
 - Sincere in wanting to know what the patient wants/needs
- Collaborate with the patient / patient as a partner

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Provide Hope

- Providing hope is considered a type of validation. It includes reciprocal communication, cheerleading, and maintaining the stance that the patient can get there, even when they can't see it themselves.

Ways You Can Provide Hope

- Convey to the patient you will help them through this crisis.
 - “I will help you. We will see a way through this together!”
- Explain how specific interventions being used will help.
 - Use the patient's own words to explain how and what these will help with.
- Communicate in words and actions that you know the patient is doing the best they can.
- Focus on capabilities and strengths of the patient.

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Do Something Useful

- Clinician does what the patient asks for if it can be done
 - Actions speak louder than words!
- Even if they don't ask, clinician gives them what they need
 - Doing something useful for the patient is known as functional implicit validation in behavioral terms.
- **Examples:**
 - Water or snack
 - TV or music
 - Warm blanket
 - Cold pack or washcloth
 - Activities (journal, videos, books)
 - Provide coloring pages or hope box items
 - Reduce stimulation (low lighting, use blue or green colored light in room, decrease noise)
 - Relaxation skills (imagery, deep breathing, progressive muscle relaxation, meditation)

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Validation

- Validation communicates to the patient that the response they are having right now is understandable and makes sense in the current context.
 - “I would be afraid as well if I thought someone was after me.”
- Validation encompasses different levels.
 - 6 levels of validation
 - V1-V6

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Levels of Validation

V-1: Pay Attention – unbiased listening and observing

V-2: Accurate Reflection – repeat back what you hear

V-3: Articulate the un verbalized emotions, thoughts, & behavior patterns

- “Read minds” – imagine what they could be feeling, thinking, or wishing and put words to it for them
- “Do something useful” (implicit functional validation) (ex. If crying, offer a tissue without being asked)

V-4: Validate based on past events, learning or biological dysfunction/diagnosis

- “It makes sense given you have depression, PTSD, BPAD, etc. etc.”
- Or “...given people harmed you in the past, no wonder you are scared”

V-5: Acknowledge and Normalize - validation based on current experience

- Put your-self in the other person’s shoe
- “Anyone would feel that way!”

V-6: “Radical Genuineness”

- Clinician is genuine
- Talks to the patient as they would anyone else

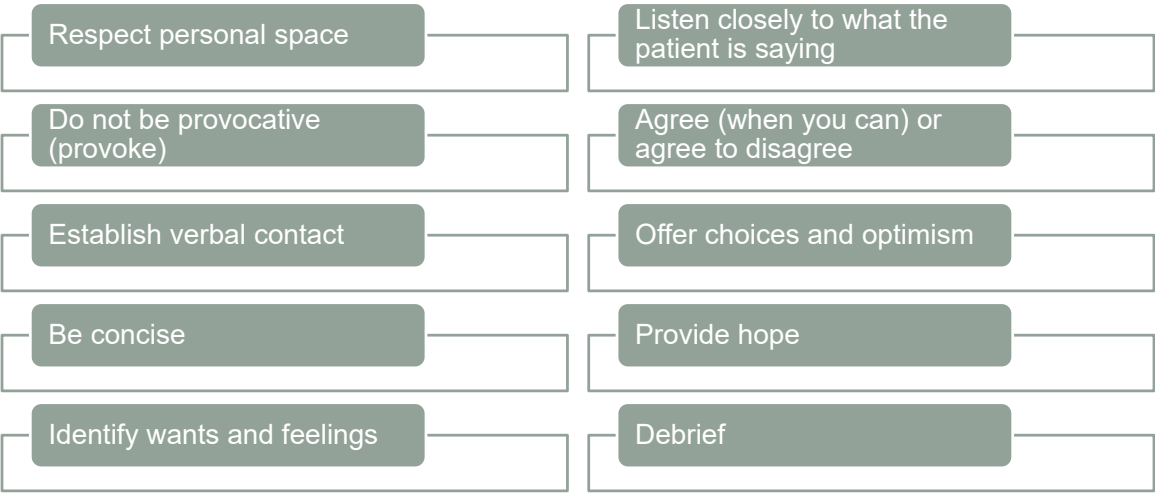
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De-Escalation

- Intervene as early as possible, when the patient’s agitation is at its lowest level.
 - This will help to maintain the safety of the patient and health care team
- Recognize the warning signs of agitation
 - Heightened arousal
 - Loud or excessive talking
 - Threatening behaviors
- Considerations – acknowledge factors that could have an impact on the patient’s perceptions and behaviors
 - Delirium, intoxication, confusion

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De-escalation Strategies – 10 Elements of De-Escalation



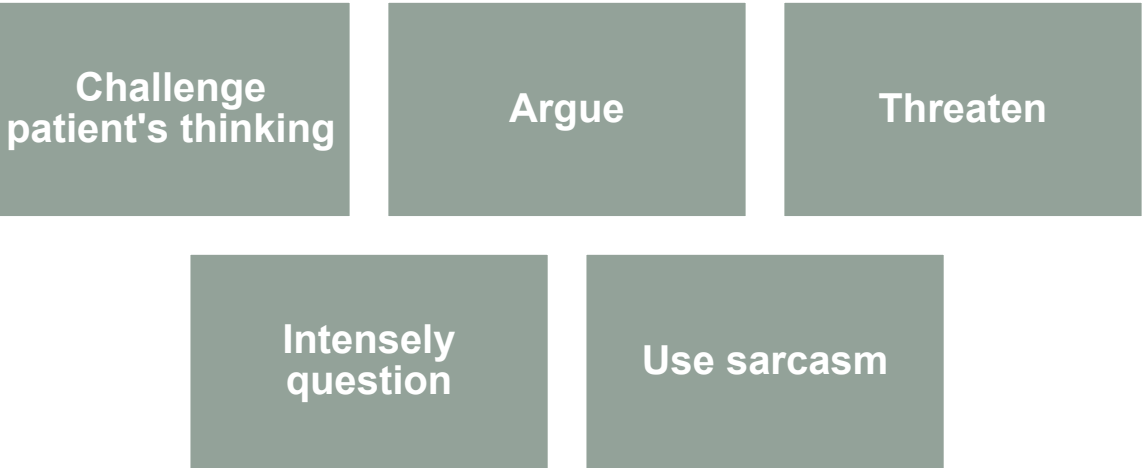
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De-Escalation Dos

- Verbalize actions beforehand (i.e. ask permission if needing to touch the patient).
- Initiate active listening – try to be aware of what may worsen the person's fear and aggression.
- Reduce stimuli in the environment, if able.
- Take a break as appropriate.
- Comply with reasonable requests.
- Listen patiently and paraphrase concerns.
- Problem-solve and offer solutions instead of trying to take control.
- Review Safety Plan.
- Ask how you can help.
- Affirm the person's positive qualities.
- Offer the person a face-saving way out.

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De-Escalation Don'ts



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Time

- Effective engagement and de-escalation takes TIME.
- Sometimes difficult when we may feel pressured to accomplish tasks.
- When intervention isn't working, step back and take time to understand the other, the situation, yourself.
- Take a breath.

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