

Grayson Bowen

Patient de-escalation

UNC ECHO

FOR MEDICATION ASSISTED TREATMENT

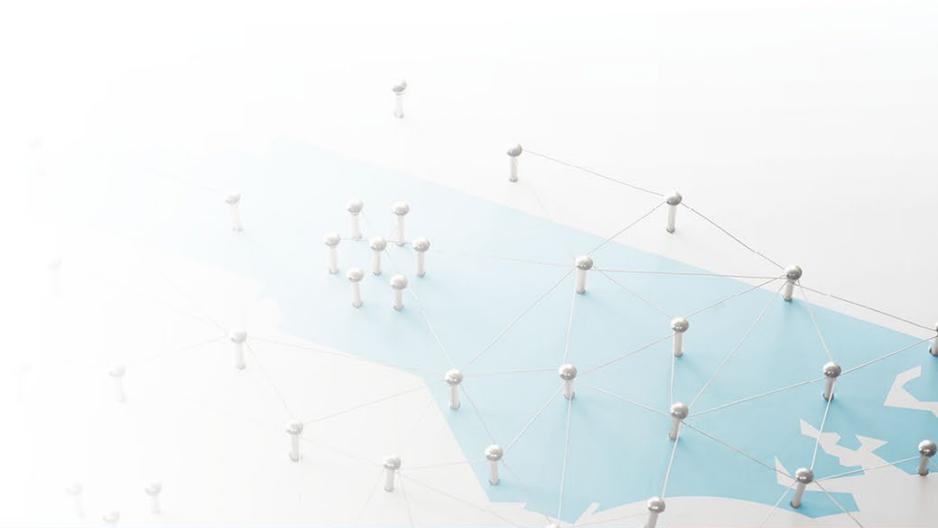


THE UNIVERSITY
of NORTH CAROLINA
at CHAPEL HILL

Stephen Wyatt, D.O.
MAHEC, Psychiatry Faculty
Asheville, NC

Disclosures

- None



Target audience

Health care providers.



THE UNIVERSITY
of NORTH CAROLINA
at CHAPEL HILL

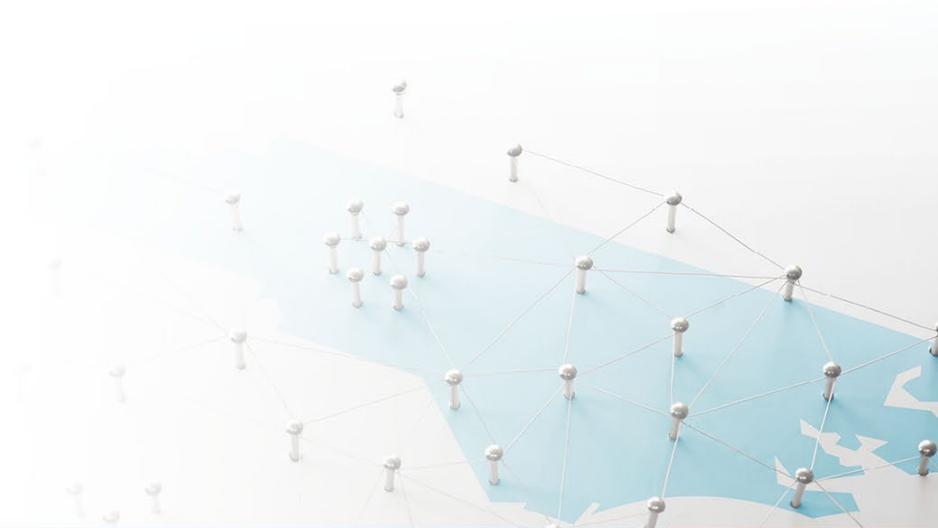


The University of North Carolina
at Chapel Hill

Educational objectives.

At the end of this presentation participants should be able to:

- How to avoid the need for de-escalation
- Recognize when to use de-escalation techniques.
- Understand general cornerstones of the de-escalation approach.



Maintaining Calm and Patient Support

- Avoiding the need for de-escalation.
 - Patient centered care.
 - My goal is to work with you to help you get healthy.
 - Assess the patient's stage of change.
 - Don't get ahead of the patient.
 - Motivational Enhancement Therapy
 - Open ended questions.
 - Don't put the patient in a box.
 - Affirmations
 - Listen for and acknowledge the patient's strengths.
 - Find some about them you can engage with.
 - Reflective Listening
 - Summarize using their strengths and wishes.



Motivational Enhancement Therapy

OARS

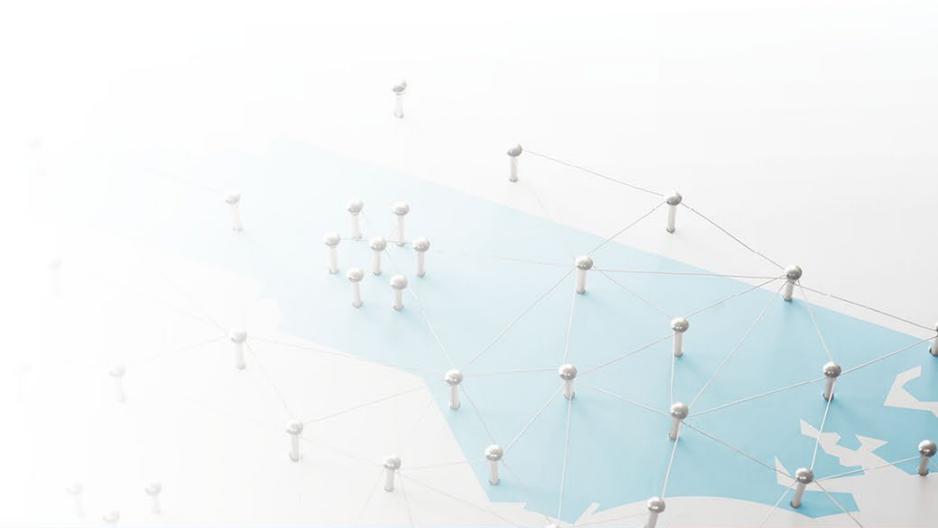
- Open ended questions.
 - Don't put the patient in a box.
- Affirmations
 - Listen for and acknowledge the patient's strengths.
 - Find some about them you can engage with.
- Reflective Listening
- Summarize using their strengths and wishes.



What is de-escalation.

“transferring your sense of calm and genuine interest in what the client wants to tell you by using respectful, clear, limit setting.”

- Goal: Build rapid rapport and sense of connection with an **agitated** person.



What is agitation.

Agitation is a behavioral syndrome that is connected to different underlying emotions. Irritability and heightened responsiveness to stimuli may be present, but the association of agitation and aggression has not been clearly established.

- Agitation exists on a continuum
 - Anxiety < high anxiety < agitation < aggression.



Settings relevant to de-escalation.

- The most essential skill is a good attitude
 - Start with positive regard for the patient and the capacity for empathy.
- De-escalation can be found in specific psychotherapies, linguistic science, law enforcement, martial arts, and the nursing profession.
 - The CIT model is a police-based, first responder program
 - Implemented to provide services to individuals in a psychiatric emergency.



Why use De-escalation with the agitated patient?

Traditional methods of treating agitated patients, i.e., restraints, involuntary medication have been replaced with a greater emphasis on the **noncoercive** approach.

- Verbally engaging the patient rapidly develops his or her own locus of control.
- 4 main objectives:
 - Ensure the safety of the patient.
 - Help the patient manage his or her emotions
 - Avoid the use of restraint when at all possible.
 - Avoid coercive interventions that escalate agitation.



Why use de-escalation

1. Violence begets Violence

Physical aggression by staff when intervening tends to reinforce the patient's idea that violence is necessary to resolve conflict.

2. The use of restraints is associated with more frequent psychiatric hospitalizations and greater lengths of stay.

3. Low restraint rates is a key quality indicator.

Medicare/Medicaid and Joint Commission

4. Staff and patients are less likely to get hurt when physical confrontation is averted.



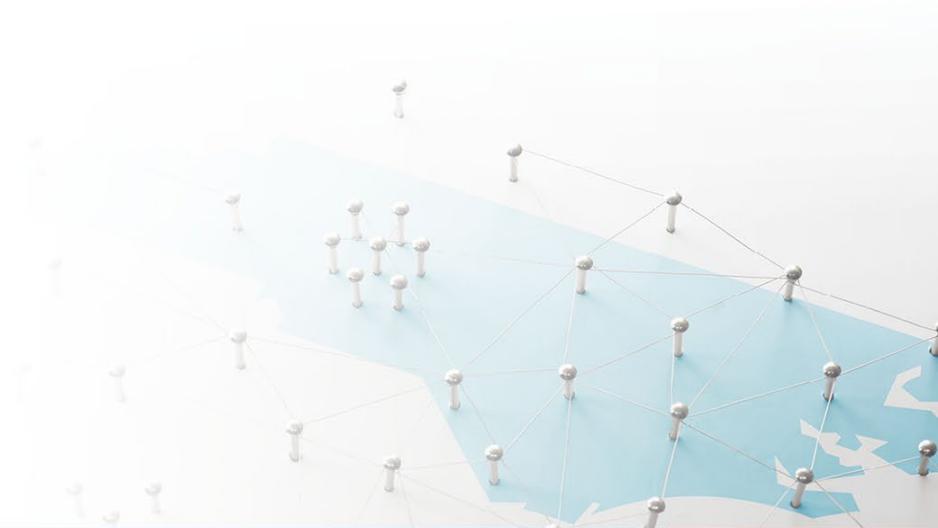
10 domains of de-escalation.

1. Respect personal space.
2. Do not be provocative.
3. Establish verbal contact.
4. Be concise.
5. Identify the patient's wants and feelings.
6. Listen closely to what the patient is saying.
7. Agree to disagree.
8. Lay down the law and set clear limits.
9. Offer choices and optimism.
10. Debrief the patient and staff.



De-escalation techniques cont.

- Identify who you are and have the patient identify themselves.
- Identify your purpose to help the patient regain control and calm.
- Know the patient's background.
 - i.e.. Homelessness, history of trauma, mental health history etc.



De-escalation techniques

- **Be a mirror** – if you reflect calm, cooperative, normal tone, the patient will mirror.
- **Neutrality** – facial expression, relax your body.
- **Non-defensive posture** – Hands in front of body, open and relaxed.
- **Minimize** – gesturing, pacing, fidgeting – signs of nervousness increase agitation in others.
- **Eye level with client** – but don't force eye contact.
- **Modulate tone of voice** – to reflect empathy or no emotional response.



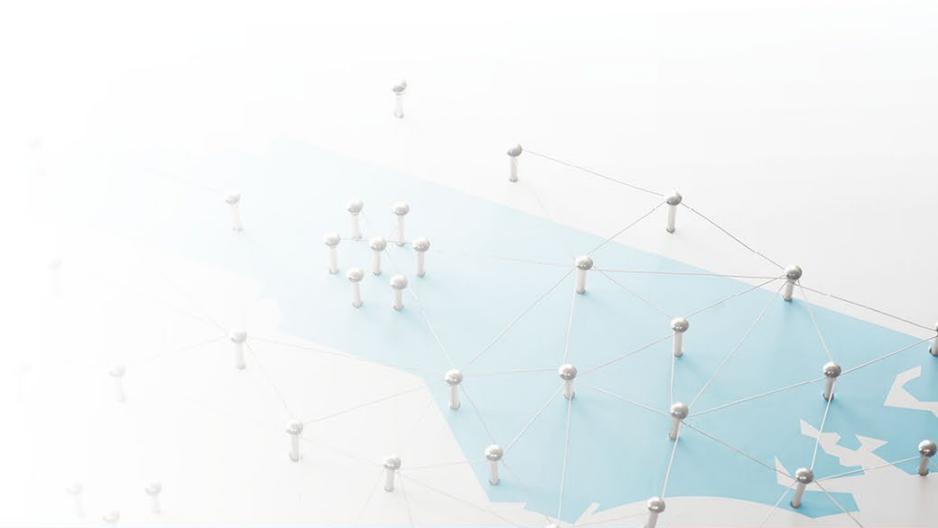
Verbal responses to the agitated patient.

- Treat with dignity and respect vs. shame and disrespect.
- Do not argue.
- Set boundaries.
- Encourage cooperation.
- Validate feelings (vs. agreeing).
- Ask questions and provide choices.
- Repetition of boundaries/rules, offers of help, options, and resources.



Offering patient tools.

- Deep breathing – 5 to 10 deep breaths tracking the breath from nose to stomach.
- Body awareness – tracking physical symptoms.
- Grounding – to the room, self, and situation.
- Mindfulness – object focus, senses, and meditation.



Summary

- Patient de-escalation is necessary to provide a safe recovery for those receiving treatment.
- The noncoercive approach can be largely more effective than the physical approach.
- Anyone can learn to apply patient de-escalation.
- Patient de-escalation furthers the therapeutic benefit of many forms of treatment.

