



4 TIPS FOR DE-ESCALATING BEHAVIORS

MAKE A MORE POSITIVE IMPACT ON THE LIVES OF THE INDIVIDUALS IN YOUR CARE.

Policies and rules in psychiatric settings have to provide for the safety of individuals and staff. But it is possible to become “inhospitable, institutional, and unlivable” with rules, policies, and protocols. When crisis occurs and is linked directly to a rule infraction, it often leads to a power struggle that ultimately never had to happen. The movement toward a more person-centered individualized treatment approach should encourage us to examine our institutional way of interacting with individuals.

1. CREATE A NEW LANGUAGE.

How can we change the way we address the individuals we’re caring for? What language do you use in your documentation? For example, would you write: “Mr. Jones was pacing all over the unit disrupting others and making them all anxious. Staff directed him to stop disrupting others.”? Or would it read: “Mr. Jones was exhibiting signs of anxiety through pacing. In an attempt to alleviate his anxiety without disrupting others, we offered to walk with him in an open area of the unit, away from others.”

2. RE-EVALUATE RULES AND POLICIES.

How flexible can you be while still providing for the necessary safety of everyone? I often ask organizations concerned with hospital safety, “Why do you have that rule?” or “Who does that rule benefit?” As staff, it’s easy for us to get caught up in rules that exist simply because they always have. It’s also easy to cling to rules that make it easier or more convenient for us as staff. I really sometimes have to chuckle when I hear “Well, if I let them do it (have it, not do it, etc.), then they’ll all want to do it . . .”

3. CHOOSE WISELY WHAT YOU INSIST UPON.

We can’t always give individuals what they’re asking for, or maybe we just can’t right at the time they’re requesting it. People don’t have to do anything we request of them, so we have to be creative in deciding which of our rules are negotiable, and which are non-negotiable. When considering the non-negotiables, can we offer options? Instead of insisting that individuals shower at a particular time of the day (i.e., in the morning), can we create shower times throughout the day that allow individuals to select the time of day that feels the best for them?

4. PRACTICE LIMIT SETTING.

We can’t make others do anything. Limit setting is borne of this realization. But limit setting is not intuitive. It’s a skill we need to practice. Try out these phrases: “First...then...” | “If you are able to... then I will...” | “We have options. Let’s talk about what they are.”

Thinking about the words to use, especially words you would choose when you are calm and rational, and practicing them with a colleague, can better equip you for the crisis moment when everyone’s fears and anxieties are high.

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