DE-ESCALATION IN HOUSING & HUMAN SERVICES:

SUPPORTING STAFF WHILE SERVING COMMUNITIES



ULSTER COUNTY | Department of Mental Health



Our goal for today:

Provide basic knowledge of common behavioral health conditions you may interact with, and learn how you might offer assistance to residents who are struggling.



Training Agenda

- Common conditions and their symptoms
- Person-centered and trauma-informed approaches
- De-escalation techniques
- Community resources

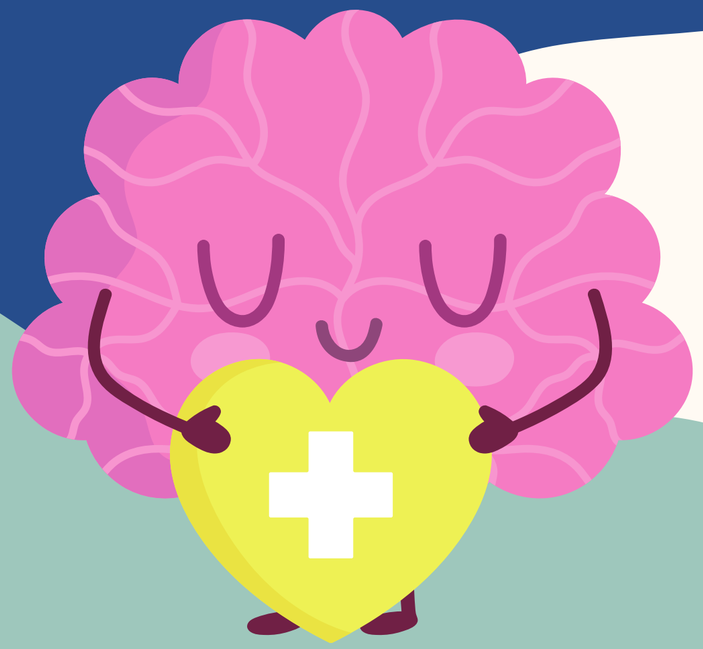
TAKE CARE
OF YOURSELF



Mental Health

In the U.S., nearly 1 in 5 adults experience a diagnosable mental illness annually. Anxiety and depressive disorders are the most common conditions worldwide.

Risk factors include: family history, psychological factors such as a history of trauma and coping skills, and social factors such as connectedness to others and systemic issues such as discrimination.



Mental Health Conditions

Mood Disorders

Anxiety Disorders

Post-Traumatic Stress Disorder

Psychotic Disorders

Personality Disorders

Intellectual/Developmental Disabilities

Substance & Alcohol Use Disorders



Mood Disorders

Depression

Can cause a persistent feeling of sadness and loss of interest that can interfere with daily activities.

Bipolar

A serious mental illness that causes extreme shifts in mood, energy, and activity levels.

Suicidal ideation

When you think about killing yourself. The thoughts might or might not include a plan to die by suicide.

Non-suicidal self injury

Deliberate, self-inflicted harm of body resulting in immediate damage without suicidal intent.



Anxiety Disorders

Generalized Anxiety Disorder

involves persistent and excessive worry that interferes with daily activities.

Panic Disorder

Characterized by "panic attacks," which are sudden onsets of acute fear that something terrible is going to happen. Symptoms include rapid heartbeat, dizziness, hyperventilation, and may be mistaken for a more serious ailment, like a heart attack.

Obsessive Compulsive Disorder

Characterized by “obsessions” (obtrusive unwelcome thoughts) and "compulsions" (repetitive behaviors).



Post-Traumatic Stress Disorder

PTSD is a mental health condition that's triggered by a terrifying event — either experiencing it or witnessing it. Symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event.

Complex PTSD results from experiencing chronic trauma, such as prolonged child abuse or domestic violence. Symptoms may include:

- **Feelings of worthlessness, shame and guilt**
- **Problems controlling your emotions**
- **Finding it hard to feel connected with other people**
- **Relationship problems, like having trouble keeping friends and partners**



Psychotic Disorders

Psychotic Disorders

Psychosis refers to a collection of symptoms that affect the mind, where there has been some loss of contact with reality. During an episode of psychosis, a person's thoughts and perceptions are disrupted and they may have difficulty recognizing what is real and what is not.

Hallucinations/Delusions

Hallucinations are sensory experiences that involve seeing, hearing, smelling, tasting, or feeling something that isn't there. Delusions are false beliefs that a person thinks are real.

Best Approach

It is not productive to challenge or argue with someone about their false beliefs.



Personality Disorders

Histrionic: marked by unstable emotions, a distorted self-image and an overwhelming desire to be noticed.

Narcissistic: includes an unreasonably high sense of importance, a need for excessive admiration, fragile self-esteem, and troubled relationships.

Antisocial: involves a long-term pattern of disregarding or violating the rights of others. They often violate the law and lack remorse or do not regret their behavior.

Borderline: includes a pattern of unstable, intense relationships, as well as impulsiveness and an unhealthy way of seeing themselves.



Intellectual & Developmental Disabilities (IDDs)

IDDs are differences that are usually present at birth and that uniquely affect the trajectory of the individual's physical, intellectual, and/or emotional development. Many of these conditions affect multiple body parts or systems.

Intellectual disability starts any time before a child turns 18 and is characterized by differences with:

- **Intellectual functioning or intelligence, which include the ability to learn, reason, problem solve, and other skills; and**
- **Adaptive behavior, which includes everyday social and life skills.**

The term "developmental disabilities" is a broader category of often lifelong challenges that can be intellectual, physical, or both.

Source: National Institutes of Health

Intellectual & Developmental Disabilities (IDDs)

Autism Spectrum Disorder

a neurological and developmental disorder that affects how people interact with others, communicate, learn, and behave.

Neurodivergence

a term that describes people whose brains process information differently than most people. It's not a diagnosis, but rather a way to describe people using words other than "normal" or "abnormal". Neurodivergent people may have different strengths and challenges than people whose brains develop more typically.

Source: National Institutes of Health



Substance & Alcohol Use Disorders

Involves the persistent use of alcohol or other drugs despite the substantial harm and adverse consequences to one's own self and others as a result of their use.

Diagnosed as mild, moderate or severe.

Often co-occurring with other mental health conditions.

Motivational interviewing and harm reduction strategies are both useful in meeting the individual where they are at in their readiness for change.



Stages of Change





Stigma

Stigma can lead to individuals with mental health or substance use disorders not getting the help they need. It's important as helping professionals we work to undo the misconception that these issues are moral failings and that these symptoms are choices we make.

Language is important!

Words such as "drug abuse", "addict", "crazy", "psycho", "alcoholic" should be avoided.

Diagnoses should not be used as adjectives "They are so OCD."

We are not our diagnosis ("They are living with Bipolar Disorder." versus "They are bipolar.")



Person-Centered Care

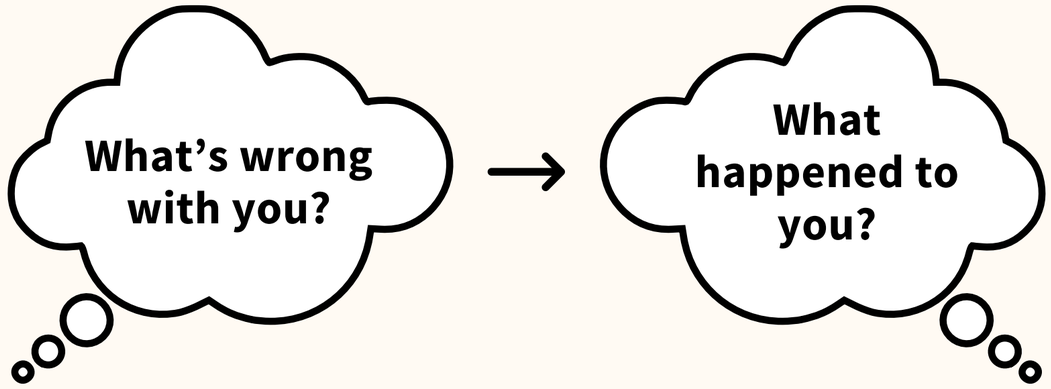
Services delivered in a setting and manner that is responsive to individuals and their goals, values and preferences, in a system that supports good provider–patient communication and empowers individuals receiving care and providers to make effective care plans together.

- Empowers the recipient of care
- Promotes respect
- Improves quality of life
- Supports independence
- Honors choice
- Promotes positive well-being



Trauma-Informed Care

Being trauma-informed means understanding the effect of trauma on our physical, psychological and social well-being, a recognition of the centrality of trauma, an effort to avoid retraumatization, and use of the “5 guiding principles”.





TIC Guiding Principles

Safety
Consider both physical and emotional safety

Trustworthiness
Clarity, consistency and follow through

Choice
Joint decision making, built-in small choices

Collaboration
Respect for life experience, sharing power

Empowerment
Help individuals find their voice, build skills

Trauma-Informed Care



Connection
vs.
Disconnection



Trauma-Informed Care

- Secondary Traumatic Stress
- Vicarious Trauma
- Compassion Fatigue

Lipsky, L. van D. (2009). Trauma stewardship: an everyday guide to caring for self while caring for others. The Trauma Stewardship Institute



Trauma-Informed Care

Trauma Stewardship

- Self-Awareness & Mindfulness
- Boundaries
- Reslience & Meaning

Lipsky, L. van D. (2009). Trauma stewardship: an everyday guide to caring for self while caring for others. The Trauma Stewardship Institute

Trauma-Informed Care



Caring
vs
Carrying



Signs of escalation

Body Language

- Restlessness
  - Pacing, fidgeting, rapid shifts in posture
- Muscle tension
  - Clenched fists, tightened jaw, rising shoulders
- Breathing
  - Shallow, heavy, rapid
- Proximity
  - Intruding on personal space
- Eye changes
  - Fixed stare, dilated pupils, avoiding eye contact

Source: MOAT Mental Health Services



Signs of escalation

Verbal & Communication Cues

- Vocal shifts
  - Change in volume, pace, still or tense tone
- Aggressive language
  - Profanity, antagonistic word choices, direct/indirect threats
- Pressured Speech
  - Rapid, demanding, constant questioning

Source: Canopy Works



Signs of escalation

Early & Subtle Behavior Changes

- Withdrawal
  - Sudden silence, shutting down, refusing to engage
- Defensiveness
  - Becoming argumentative, resisting giving basic info
- Confusion
  - Bewilderment, a distracted appearance, seeming overwhelmed

Source: Trillium Staffing



De-Escalation Techniques

Be empathic & nonjudgmental

They may not be right or rational, but what they are experiencing is real to them.

Respect personal space

If possible, maintain 1.5-3' distance. If you can’t, explain your actions.

Use nonthreatening nonverbals

Keep your gestures, facial expressions, movements and tone of voice neutral.

Source: Crisis Prevention Institute, 2016



De-Escalation Techniques

Avoid overreacting

While you can’t control the other person’s behavior, yours will have a direct effect on theirs.

Focus on feelings

Supportive words that reflect how the person is feeling may get a positive response.

Source: Crisis Prevention Institute, 2016



De-Escalation Techniques

Ignore challenging questions

To avoid a power struggle, redirect and focus on how you can solve the problem together.

Set limits

Give clear, simple and enforceable limits. Provide a positive choice followed by a consequence.

Choose wisely what you insist upon

Offering flexibility and options can help avoid unnecessary altercations.

Source: Crisis Prevention Institute, 2016



De-Escalation Techniques

Allow silence for reflection

They can be awkward but powerful, allowing the person a chance to reflect and process.

Allow time for decisions

We can’t think when we’re upset. Allow time for the person to think things through.

Source: Crisis Prevention Institute, 2016

The Four Plays

In Crisis Intervention Team (CIT) training for law enforcement, we teach “the four plays” as a universal way to de-escalate distressed individuals, begin to build rapport, and move toward a solution.

1. Introduce yourself

2. Obtain the person’s name

3. Reflect on the person’s emotional state

4. Summarize or paraphrase what you hear

Source: Mayo Clinic

When we need more help

Sometimes, despite our best efforts to de-escalate a situation, more help is needed.

988 nationwide immediate crisis support by phone 24/7/365

Ulster County Mobile Mental Health
available by phone or in person 10am-10pm
7 days per week

Ulster County Crisis Support Center
open for walk-ins 24/7/365
368 Broadway in Kingston

911 When you or someone else's safety is in immediate jeopardy, call for emergency services right away.

ANY

questions?

THANK YOU

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