De-escalation:

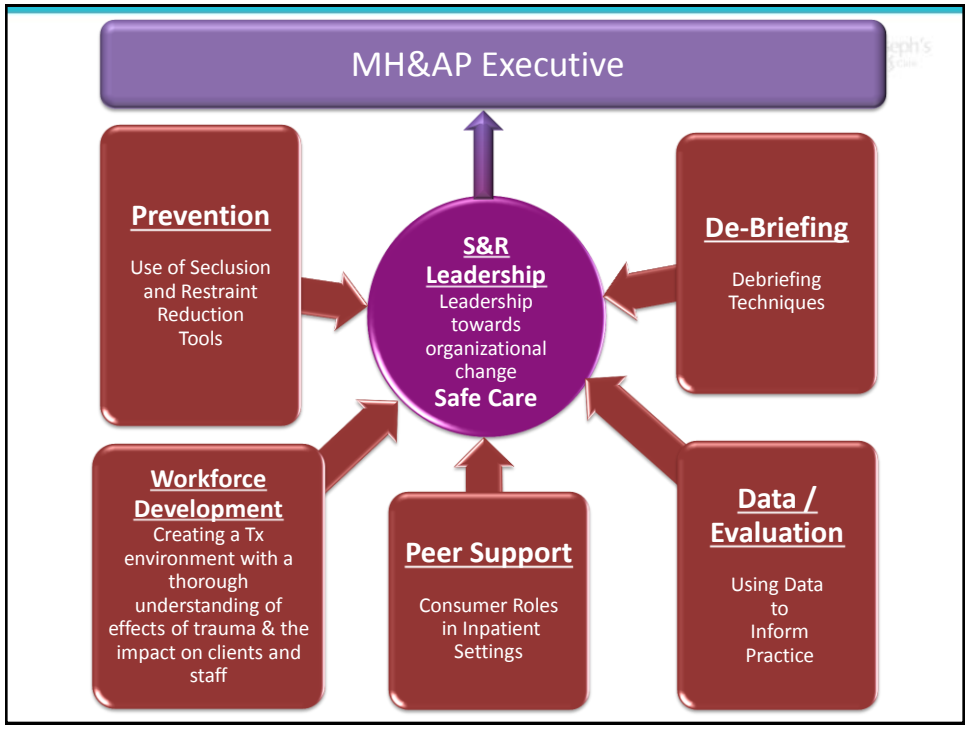
Science and Practice in Reducing Reliance on Restraint and Seclusion

Why Reduce Restraint and Seclusion?

- Restraints and seclusion are not conducive to the patient managing their illness and being an active participant in their care
- Our goal is to minimize the use of restraint and seclusion as close as possible to zero
- Neither practice is treatment and may in fact undermine treatment

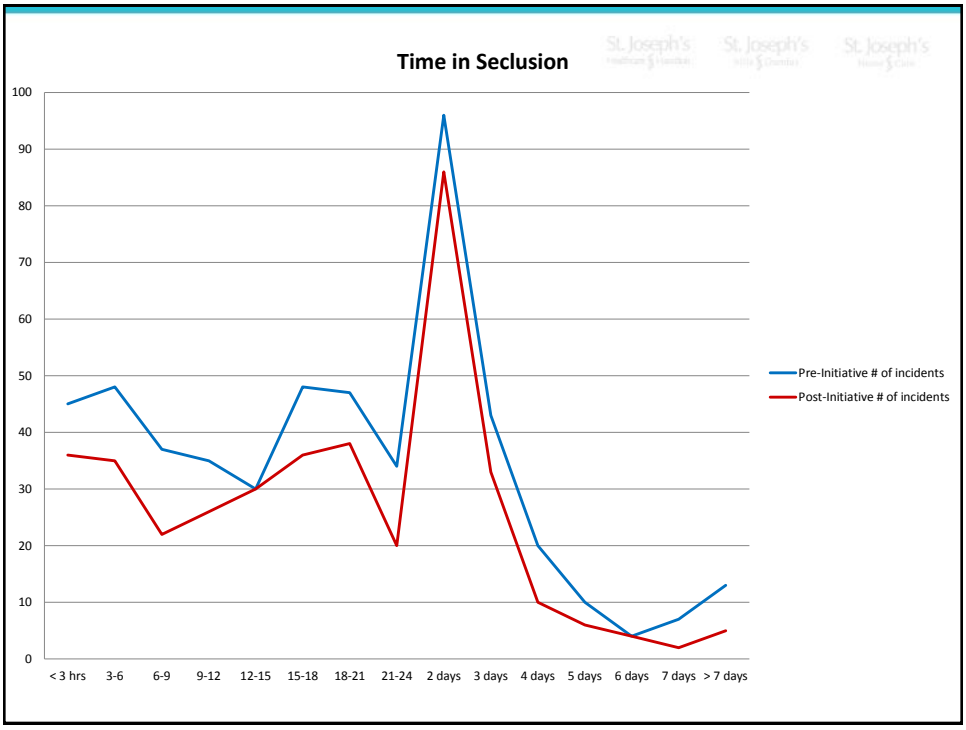
Reduction of Seclusion and Restraint

- Six Core Strategies, kicked off in May 2009
- All staff workshop (N = 350)
- Structure and process to support the 3 years of phase 1
- Putting, as much as possible, other initiatives aside



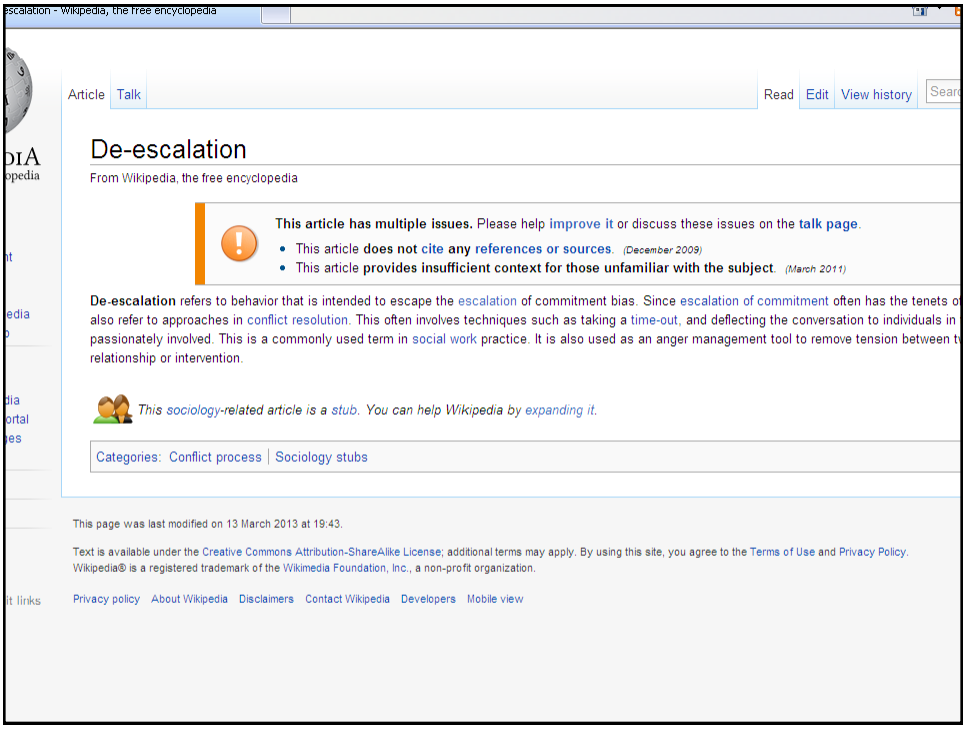
Results

- From baseline year, 23% fewer incidents at end of Phase 1
- Time in seclusion reduced by 37%
- Average seclusion shorter by 6 hours



De-escalation

- What do we mean by that?
- What does the science tell us?
- Escalation – persisting in an iterative course of action toward a goal when the attainment of the goal is not within reach.
- De-escalation is a short term psychosocial intervention of management of disturbed/aggressive behavior.



escalation - Wikipedia, the free encyclopedia

Article Talk Read Edit View history

De-escalation

From Wikipedia, the free encyclopedia

This article has multiple issues. Please help improve it or discuss these issues on the talk page.

- This article **does not cite any references or sources.** *(December 2009)*
- This article **provides insufficient context for those unfamiliar with the subject.** *(March 2011)*

De-escalation refers to behavior that is intended to escape the escalation of commitment bias. Since escalation of commitment often has the tenets of also refer to approaches in conflict resolution. This often involves techniques such as taking a time-out, and deflecting the conversation to individuals in passionately involved. This is a commonly used term in social work practice. It is also used as an anger management tool to remove tension between t relationship or intervention.

This sociology-related article is a stub. You can help Wikipedia by expanding it.

Categories: Conflict process | Sociology stubs

This page was last modified on 13 March 2013 at 19:43.

Text is available under the Creative Commons Attribution-ShareAlike License; additional terms may apply. By using this site, you agree to the Terms of Use and Privacy Policy. Wikipedia® is a registered trademark of the Wikimedia Foundation, Inc., a non-profit organization.

Privacy policy About Wikipedia Disclaimers Contact Wikipedia Developers Mobile view

8°C Mainly Sunny

Flight and hotel packages are also on sale.*

*Limited time offer. Some restrictions apply.

WESTJET

News Sports Music Radio TV My Region More Watch Listen Search

CBCnews | Toronto

LIVE Toronto More Streams

Radio One

Listen Live

99.1 radio one

Home World Canada Politics Business Health Arts & Entertainment Technology & Science Community Weather Video

Canada Toronto Photo Galleries

No hard science to guide police in de-escalation, inquest told

Expert says police must consider risks of situations that emerge

By Steven D'Souza, CBC News Posted: Oct 17, 2013 12:38 PM ET | Last Updated: Oct 17, 2013 10:06 PM ET

Toronto at 5:30

cbcnews

5:34 14°

Training and response 2:37

Stay Connected with CBC News

Mobile Facebook Podcasts Twitter Alerts Newsletter

ADVERTISEMENT

Legal

300+

Point Inspection

Audi

Certified Pre-Owned

De-escalation?

- A verbal and non-verbal process in which one person persuades another that their needs will be met.
  - Original request is honored
  - Offers an agreeable alternative
  - Imposes sufficient consequences to reduce motivation
  - "Extinguishes" the escalating behaviours

The Assault Cycle

- Trigger
- Escalation
- Crisis
- Recovery
- Depression

Organizational "Place" for De-escalation?

- Often part of a "Crisis Intervention" package that is proprietary and contracted.
- Each package has its own BRAND ®
- Impact of this?
  - Inextricably links de-escalation with physical control practices
  - Creates barriers to study and comparisons
  - Reduces transparency around rationale

How's the Science?

- Cochrane protocol has been developed
- "Little research has been carried out into effectiveness of any given approach"
- Practitioners "contend with conflicting advice and theories"
- NICE grade "D" (no trials, no reviews)

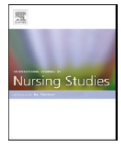
Are there "schools" of de-escalation?

- Observe for increasing anger
- Approach calmly
- Offer choices
- Enhance dignity
- Good mirror and use of relationship

Contents lists available at ScienceDirect

International Journal of Nursing Studies

journal homepage: www.elsevier.com/ijns



Student nurses' de-escalation of patient aggression: A pretest–posttest intervention study

Johannes Nau [a,b,*], Ruud Halfens [c], Ian Needham [d], Theo Dassen [a]

JAN JOURNAL OF ADVANCED NURSING

RESEARCH METHODOLOGY

The De-Escalating Aggressive Behaviour Scale: development and psychometric testing

Johannes Nau, Ruud Halfens, Ian Needham & Theo Dassen

Our initiative and "raw data"

- Simulated patient scenario
- Invite staff to use whatever strategies they would normally use
- Patient wanted to "go out for a cigarette"
- Three rounds of simulations over three years (n=80) at each point

Expert qualitative observations

Avoid: "If you don't do this, I will do that"

Avoid: Talking over, leaving insufficient silence

Avoid: Technical, legal language to justify a "no"

Avoid: Blaming a third party for the predicament

Expert qualitative observations

Do: Find a way to be in the room that is safe, but not distant

Do: Empathize with patient

Do: Introduce yourself, be polite

Do: Consider HALT (Hungry, agitated, lonely, tired)

Overall performance?

Majority of your staff were concerned, appeared to be caring about the client, and were respectful and non-judgmental.

Most of your staff were kind, compassionate and seemed to care.

Whether they had good skills to navigate Kevin's issues they "cared" and that is a great start for you to build on.

I would love to have your staff…they seemed to be so very trainable and caring.

But not all good…

Did not listen, had no intention of listening and did not even sit down

Interventions offered in paternalistic tone

Patronizing and negative

Talked over client multiple times, was sarcastic and flippant at times, "no, nope, not gonna happen, no sir“

Did not support client or his obvious discomfort, instead challenged him

Laughed at client

Simulating the simulations…

Based on our the feedback we reviewed “the best” and “the worst”

One our psychiatrists agreed to create a “good” and a “bad” amalgam of a simulation to be shared for teaching purposes…

Contents lists available at ScienceDirect

International Journal of Nursing Studies

journal homepage: www.elsevier.com/ijns

Student nurses' de-escalation of patient aggression: A pretest–posttest intervention study

Johannes Nau [a,b,*], Ruud Halfens [c], Ian Needham [d], Theo Dassen [a]

JAN JOURNAL OF ADVANCED NURSING

RESEARCH METHODOLOGY

The De-Escalating Aggressive Behaviour Scale: development and psychometric testing

Johannes Nau, Ruud Halfens, Ian Needham & Theo Dassen

De-escalating Aggressive Behaviour Scale - DABS (Nau et al. 2009)

Behaviour towards the patient/relative
Overall impression

		strongly disagree	disagree	neither / nor	agree	strongly agree		strongly disagree	disagree	neither / nor	agree	strongly agree	
1.	Valuing the client	1	2	3	4	5	best practice	5	4	3	2	1	risky 7.
2.	reducing fear	1	2	3	4	5							
3.	inquiring about clicnt's queries and anxiety	1	2	3	4	5							
4	providing guidance to the client	1	2	3	4	5							
5.	working out possible aggreements	1	2	3	4	5							
6.	remaining calm	1	2	3	4	5							

Expert qualitative observations

- Avoid: “If you don't do this, I will do that”
- Avoid: Talking over, leaving insufficient silence
- Avoid: Technical, legal language to justify a “no”
- Avoid: Blaming a third party for the predicament

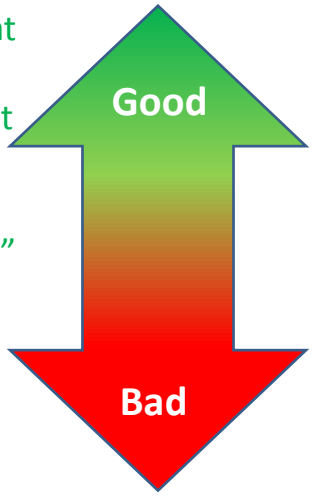
Expert qualitative observations

- Do: Find a way to be in the room that is safe, but not distant
- Do: Empathize with patient
- Do: Introduce yourself, be polite
- Do: Consider HALT (Hungry, agitated, lonely, tired)

Valuing the client

Acknowledging that their concerns are valid and important

- "I hear you"
- "I understand"
- "I care"
- "I am here to help you"



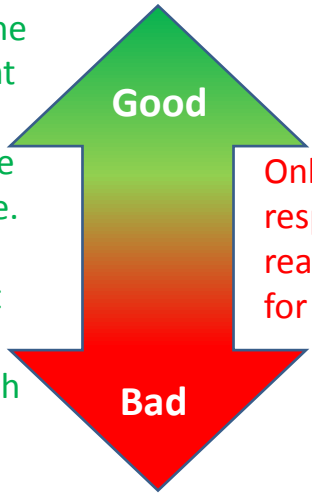
Responses with insufficient empathy/theory of mind

- "Okay"
- "I don't know"
- Nod

Reducing fear

Provide hope for the future and highlight how current limitations have the potential to change.

- "Right now that isn't an option, but soon enough it will be"



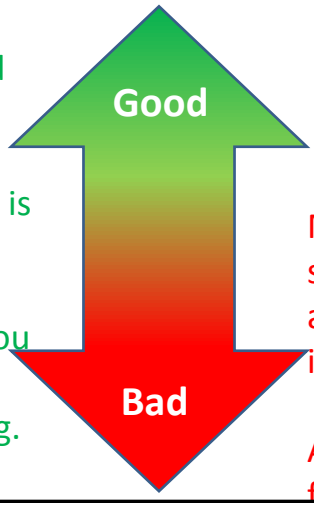
Only provides negative responses that carry no reassurance or hope for the future.

- "No, you can't"
- "You are not stable or ready"
- "You must have done something"

Inquiring about client's queries and anxieties

Tries to understand what triggered the patient's current concerns and what is worrying them.

Summarize what you understand the patient to be saying.



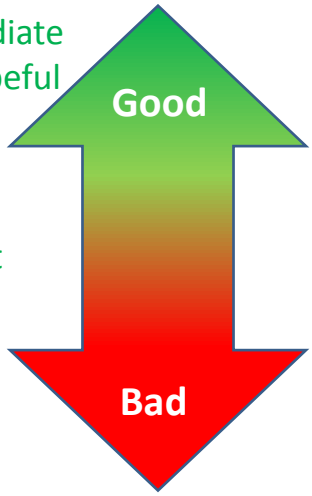
Makes no extra steps to understand anything except the immediate problem.

Allows no air time for patients position

Providing guidance to the client

Suggests solutions to address the immediate problem and a hopeful future state.

- Nicotine replacement
- Distracting activities



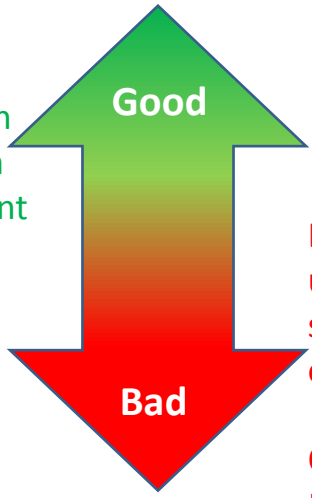
Suggests only solutions related to the immediate problem.

Broken record.

Working out possible agreements

Concludes the encounter with a short-term solution and a future action plan that the patient has agreed upon.

Agrees to take an action step.



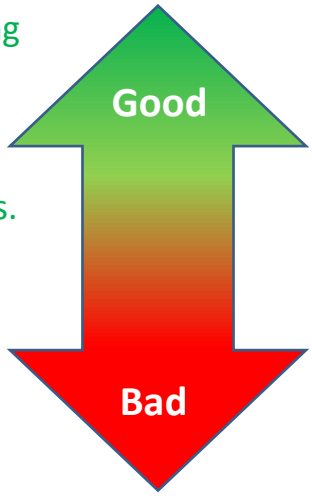
Leaves the encounter unresolved with no short term solution or future plan.

Or, has a plan that the patient disagrees

Remaining calm

Maintains a relaxing tone of voice and steady pace, regardless of the patient's responses.

No "harmonic vibration."



Becomes impatient and visibly frustrated when the patient becomes more difficult.

Bad mirroring

Risky

Stands or sits very close to the patient and does not modify their distance when the client grows agitated.

Stands or sits as far away from the client as possible and increases this distance when the client grows agitated.

Conclusions

- De-escalation is subtle, must be swift, and sometimes unforgiving
- Despite impact, much less is know than one would suspect
- “Natural” abilities vary widely
- Some effective ingredients can be described and scored
- An invaluable prevention tool to reduce critical incidents