

CHILLING THE AMYGDALA: STRATEGIES FOR STAFF TO MANAGE CLIENT AGITATION AND AGGRESSION

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WHAT DOES THE AMYGDALA HAVE TO DO WITH ANYTHING?

- Core of a neural system for processing fearful and threatening stimuli, ie. verbal and physical trauma
- Feelings of fear is regulated by this system
- Behavior and motor responses are triggered (survivor instincts) including defensive posturing and aggression

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STAFF OFTEN ILL-EQUIPPED AND UNPREPARED

- High Risk/High Need Clients- intense anger and violence risk
- Never experienced near death crises (OD; Suicide)
- Staff own past traumatic experiences can be re-triggered
- Disconnect between perceived abilities and impact of new high intensity, emotional situations and challenges

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STAFF ILL-EQUIPPED AND UNPREPARED

- Mentally ill Clients- C1, C2 are increasing with high risk clients and mental health issues can be severe and client very unstable
- Grieving personal losses while still expected to perform job duties
- Games corrections clients play often occur during crisis times
- Clients are aging and often have unique physical and mental issues

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AS STAFF WHAT CAN YOU CONTROL? NOT CONTROL?

- **Your Behaviors----- Not others Behaviors**
- **Your Attitude----- Not others Attitude**
- **Your Respect----- Not others Respect**

All Are a Choice

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HOW STAFF RESPOND IS KEY

"I've come to the frightening conclusion that I am the decisive element in the consumer's life. It's my personal approach that creates the climate; it's my daily mood that makes the weather. I possess a tremendous power to make a consumer's life miserable or joyous. I can be a tool of torture or an instrument of inspiration; I can humiliate or humor, hurt or heal. In all situations, it is my response that decides whether a crisis will be escalated or de-escalated and a consumer humanized or dehumanized"

Haim Ginott

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STAFF PLAN IN ANY CONFRONTATION WITH CLIENT- USE IN ROLE PLAYS

- **Survey Environment**- Who is nearby? Do I have an out? How upset is client? Do I have a plan if this escalates?
- **Survey Self**- What options can I give client? How upset am I? Do I need to do deep breathing to calm down? Do I need to take a break from the client? Do I need assistance with situation? Did I create a teachable moment for client?
- **Take Action** that is the least restrictive and least shaming and intrusive for client

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THE ESCALATION SPIRAL

Agitation (raised voice, swearing) leads to:

Intimidation (name calling, verbal threats)-- leads to:

Violence (physical threats, assault)

(Robert Morasky, 2006- *Avoiding Power Struggles*)-Earlier Cycle is recognized and interrupted by staff the better the outcome

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PROFESSIONALISM: HELPS PREVENT POWER STRUGGLES

- Know code of conduct and code of ethics and follow them closely
- Know standard operating procedures of facility-clients know them well
- Be neat and well organized
- Never spread rumors or gossip about staff or clients
- Do not be drawn into discussion of unfair client conditions

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PROFESSIONALISM, CONT'D

- Be very clear in communicating with clients
- No secrets- keep everything out in open and let fellow staff know
- Know your own strengths/needs as a staff and work as team
- Make good use of written word – take detailed notes of major incidents
- Do not accept any personal obligation toward a client

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DEBRIEFING

" Every agency needs a model they use to debrief staff who experience traumatic events with other staff and/or clients"

Randy Shively

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MITCHELL DEBRIEFING MODEL- 7 STEPS

1. **Introduction**- bring workers involved in incident together and make it confidential and not during work duties. Encourage discussion of feelings
2. **Give Facts**- give known facts and correct any misperceptions
3. **Invite Emotional Response**- when did you first realize this was a critical incident? – personalize experience
4. **Invite Reaction to Incident**- How did you react to incident? Discussion of various reactions and stress felt- common themes

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MITCHELL MODEL- 7 STEPS

5. Discuss Symptoms Experienced- invite discussion during and after incident- realize all symptoms are normal

6. Educate and Teach- managing stress reactions and ways to decrease stress individually and corporately

7. Re-entry back to Work- team members make final points- all questions asked and team summary given

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FOLLOW-UP WITH TRAUMATIZED STAFF

- Give resources of individual counselors who do trauma work
- Encourage use of EAP resources for several sessions through agency insurance
- Have agency mental health professional call and check up on affected staff the next 4 weeks
- Encourage debriefing in staff meetings, supervision sessions

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FOLLOW-UP FOR IMPACTED STAFF

- Manager show concern with check-ins
- Make sure any impacted clients have an outlet to process tragedy
- Honor any staff/clients lost and let everyone process their grief in their own way
- Give short leave for affected staff if possible

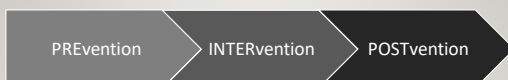
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SUMMARY

- Train staff on de-escalation of aggressive clients
- Use role play scenarios to practice healthy responses to aggressive clients and crisis situations
- Give staff opportunities to learn their strengths and needs as part of their team
- Have in your agency a model for debriefing staff and clients following crisis events

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STRATEGIES- KELLY PITOCOCO, LISW



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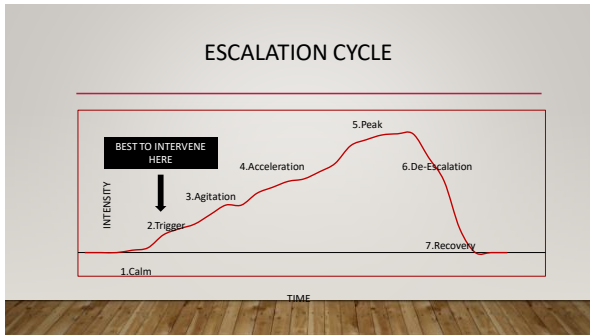
PREVENTION STRATEGIES

Build Collaborative Relationships

Anticipate Risky Situations and Triggers

Reinforce Competing Behaviors

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INTERVENTION STRATEGIES

The person is likely doing the best that they can in the moment and have exhausted their repertoire of skills to get their wants and needs met.

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- ### INTERVENTION STRATEGIES
- Maintain appropriate distance.
 - Position yourself at an angle (not face-to-face).
 - Use a calm tone of voice and slower pace.
 - Speak at a volume lower than the agitated person.
 - Keep your posture relaxed and non-threatening.
 - Remove distractions, disruptions or upsetting influences.
 - Redirect bystanders.

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- ### INTERVENTION STRATEGIES, CONT'D
- Set limits and provide active assistance.
 - State that your goal is resolution; use hopeful language.
 - Focus on strengths and demonstrate compassion.
 - Use "I Statements" and maintain focus on the present.
 - Avoid making promises that you cannot keep.
 - Explain actions in advance; give instructions in small steps.
 - Identify coping strategies that have worked in the past.

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INTERVENTION STRATEGIES

T I M E

C E A S E

R E S P O N D

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INTERVENTION STRATEGIES

The acronym TIME is used to prepare BEFORE interacting with someone who is agitated or upset.

T	I	M	E
Take a Deep Breath	Interrupt Assumptions	Mindful Presence	Encouraging Self-Talk


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INTERVENTION STRATEGIES

TIME

Take a Deep Breath

Deep breathing slows your heart rate, decreasing stress and increasing your sense of calm.




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INTERVENTION STRATEGIES

TIME

Interrupt Assumptions

Check your own assumptions as they influence your response.



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INTERVENTION STRATEGIES

TIME

Mindful Presence

Focus on a positive resolution, and put energy behind that.
Remain balanced and calm.




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INTERVENTION STRATEGIES

TIME

Encouraging Self-Talk

Use encouraging self-talk to remain calm and balanced.
Remind yourself of your greater purpose.




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INTERVENTION STRATEGIES

The acronym **CEASE** is used to intervene **IN THE MOMENT** when the person is starting to get upset or agitated.

C	E	A	S	E
Check for Safety	Engage	Agree or Validate	Small Step in the Direction of Calm	Echo



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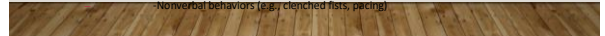
INTERVENTION STRATEGIES

CEASE

Check for Safety

Scan environment and contain imminent risk first.
Monitor for warning signs and signals.

- Presence of weapons
- Threatening statements or aggressive stance
- Lack of response to de-escalation attempts
- Heightened sensitivity to stimuli
- Nonverbal behaviors (e.g., clenched fists, pacing)



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INTERVENTION STRATEGIES

CEASE
Engage

Engage with the person who is agitated or upset.

If there is a second staff member present, they should redirect bystanders, remove objects and be prepared to provide support, if needed.

Communicate that everyone is safe through your words and body language.

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INTERVENTION STRATEGIES

CEASE
Engage

Use active listening to identify their wants and feelings.

Affirm that you would like to better understand so you can help them, or connect them to someone else who can.

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12 ACTIVE LISTENING SKILLS

 PAY ATTENTION	 DON'T INTERRUPT	 SUMMARIZE	 MAINTAIN EYE CONTACT	 SHOW INTEREST	 REQUEST CLARIFICATION
 USE POSITIVE BODY LANGUAGE	 PARAPHRASE	 WITHHOLD JUDGEMENT	 SHOW EMPATHY	 REPEAT KEY PHRASES	 SHARE

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Notice how tone of voice can communicate emotion – *even when the words remain exactly the same.*

I'm sure you tried your best.

Suspicious
Pleased
Patronizing
Irritable

Often it isn't what you say – it's how you say it.

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EMPATHY STARTERS

"This isn't working out the way you want."

"It sounds like you wish the situation could be different."

"I can see that you're in a difficult spot."

"Right now you feel hopeless."

"You didn't think something like this would ever happen."

"It's confusing when something like this happens."

"It's hard to know what to do."

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HELPFUL QUESTIONS

"How may I help you in this moment?"

"What do you need to help calm yourself?"

"Would you like some advice or just need someone to listen?"

"What can we work on together to move forward?"

"Who would you like to talk with that would help you?"

"What are some ways that you calm down when you are upset?"

"What would you like me to understand about your feelings?"

"How can we help you through this moment so you stay safe and out of trouble?"

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INTERVENTION STRATEGIES

CEA**S**E

Agree or Validate

- Listen for common ground.
- Focus attention on anything positive or reasonable.
- Validate their emotional response.
- Refrain from instructing, correcting, judging, or arguing.
- If necessary, agree to disagree and move to next step.

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INTERVENTION STRATEGIES

CEA**S**E

Small Step in the Direction of Calm

- Suggest a reasonable, small step in the direction of calm.
- Start with smaller tasks.
- Ask them what helps them feel calm to use as a starting point.
- Note that their behavior is making others feel uncomfortable.
- Reaffirm that your goal is to provide assistance.

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INTERVENTION STRATEGIES

CEA**S**E

Echo

- Repeat the process; it can take a moment for the amygdala to calm down and the cortex to regain control
- Look for incremental progress.
- Spending an extra 10 or 15 minutes is worth the investment if it avoids a larger critical incident with paperwork, harsher consequences and/or the need to physical manage

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INTERVENTION STRATEGIES

The acronym **RESPOND** when the person is not responding to de-escalation efforts and you want them to recognize the consequences of continued non-compliance.

R	E	S	P	O	N	D
Remind Expectation	Explain	Share Benefits	Promote Compliance	Offer Time to Think	Notice Changes	Determine Next Step

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INTERVENTION STRATEGIES

RESPOND

Remind of Expectation

- Use a factual (neutral) tone.
- Make a clear and succinct statement of the expected behavior.
- Be reasonable and respectful.

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INTERVENTION STRATEGIES

RESPOND

Explain Consequences of Non-Compliance

- Consequences have to be within your control to administer.
- Don't state consequences as threats or ultimatums; instead, present them as choices.
- Remember that the person is likely operating from their amygdala.

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INTERVENTION STRATEGIES

RESPOND

Share the Benefits of Compliance

Share benefit of compliance (can be delivered and is positive).
Don't make false promises or give false hope.

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INTERVENTION STRATEGIES

RESPOND

Promote Compliance

Connect behavior with personal goals.
Encourage consideration of long-term outcomes.
Affirm that the person can handle situation in a healthy way.
Remind how compliance will impact people they care about.

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INTERVENTION STRATEGIES

RESPOND

Offer Time to Think

Offer the person a minute to collect themselves and decide.

If they are safe and calm, tell them that you will check in with them after you complete a small task.

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INTERVENTION STRATEGIES

RESPND

Notice Changes

Provide space and encouragement as they start to calm.
Listen for changes in voice tone or pace, posture, or facial expressions.
If agitation increases, then return to TIME and repeat process or prepare for emergency alert.

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INTERVENTION STRATEGIES

RESPND

Determine the Next Step

If the person is starting to calm or comply, provide support and problem solving.
If the person is still escalated, return to CEASE.

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POSTVENTION STRATEGIES

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POSTVENTION STRATEGIES

Skills and Coping Strategies

- Once the person is emotionally regulated, it is important to discuss what happened and how they might handle similar situations differently in the future.
- This often involves teaching new skills and/or coping strategies.

Cognitive Coping Skills	Emotion and Self-Regulation Skills	Social Skills	Problem Solving
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RESEARCH METHODS- AMANDA POMPOCO, PH.D.

- Research question:** Does the Strategies training (and coaching) have an impact on staff perception of their ability to manage aggressive residents?
- Pre-training surveys administered through hard copy survey at beginning of training
- Post-training surveys administered online (through Qualtrics) after training and coaching

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PRE-TRAINING SURVEY RESULTS

How often during the last year staff faced clients who were (n=54):	Not applicable	Never	Couple times/year	Almost each month	Couple times/month	Couple times/week	Everyday
1. Screaming at you	2 4%	17 31%	14 26%	9 17%	7 13%	3 6%	2 4%
2. Threatening you because they claimed their rights were violated	4 7%	28 52%	12 22%	1 2%	9 17%	0 0%	0 0%
3. Blackmailing you	8 15%	43 80%	2 4%	1 2%	0 0%	0 0%	0 0%
4. Trying to physically attack you	8 15%	43 80%	3 6%	0 0%	0 0%	0 0%	0 0%
5. Perceived as dangerous to you	6 11%	28 52%	17 31%	3 6%	0 0%	0 0%	0 0%
6. Offending you, being foul-mouthed	3 6%	12 22%	21 39%	9 17%	4 7%	4 7%	1 2%

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PRE-TRAINING SURVEY RESULTS

Staff perception of their abilities (n=54)	Agree/Strongly Agree
I feel equipped to handle verbal aggression exhibited by clients.	79 60%
I feel equipped to handle the physical aggression exhibited by clients.	50%
I feel confident that my coworkers and myself are able to handle aggravated or aggressive behavior exhibited by clients.	65%
Our team meets to discuss what went well and what could have been improved after an aggressive incident.	33%
The training I have received is adequate for the degree of aggression exhibited on the unit.	52%
The agency provides necessary guidance supervision/coaching and support on how to respond to aggressive clients.	57%
I feel confident that I can verbally intervene to reduce the likelihood of aggression when a client is agitated.	83%
I am aware of 3 options for responding to resistance or failure to comply with directives that do not include use of force.	59%
My co-workers are operating as a team and following a clear protocol when an incident occurs.	50%
I believe enough is done to address aggressive actions by residents to reduce the risk that the behavior will repeat in the future.	46%

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PRELIMINARY POST-TRAINING SURVEY RESULTS

Post-test Responses to Perception of Abilities (n=13)	Agree/Strongly Agree
I feel equipped to handle verbal aggression exhibited by clients.	92%
I feel equipped to handle the physical aggression exhibited by clients.	77%
I feel confident that my coworkers and myself are able to handle aggravated or aggressive behavior exhibited by clients.	77%
Our team meets to discuss what went well and what could have been improved after an aggressive incident.	54%
The training I have received is adequate for the degree of aggression exhibited on the unit.	69%
The agency provides necessary guidance supervision/coaching and support on how to respond to aggressive clients.	62%
I feel confident that I can verbally intervene to reduce the likelihood of aggression when a client is agitated.	85%
I am aware of 3 options for responding to resistance or failure to comply with directives that do not include use of force.	85%
My co-workers are operating as a team and following a clear protocol when an incident occurs.	69%
I believe enough is done to address aggressive actions by residents to reduce the risk that the behavior will repeat in the future.	62%

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RESEARCH PLANS FOR THE FUTURE

- Continued pre- and post-test surveys
- Compare incidents at each facility pre- and post-Strategies implementation

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