



Strategies for Optimizing Client Relationships and Self-Management

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Learning Objectives

- ④ Recognize signs and triggers of escalation
- ④ Develop verbal and non-verbal tactics to deescalate clients in crisis
- ④ Self management and staff resources for support

PERCEPTION
IS REALITY:
Lens is
everything



Things to be Mindful OF

- The only thing you can control is YOU!
 - **This is a key factor in managing patient interactions**
- Patients have conscious and unconscious triggers you can't see and can't control(verbal de-escalation)
- No Guarantees!- interventions will not always be successful(model healthy interactions, plant the seed)
- Best Practice

AWARENESS
WELLNESS
THERAPY
BENEFITS
RISK
RESEARCH
MENTAL
DEPRESSION
CLINICAL
BIPOLAR
STRESS
UNHAPPY
ANOREXIA
OPTIMIST
HEALTH
GRIEF
ANXIETY
GENETIC
PHOBIA
RELATIONSHIPS
TRAUMA
IQ
POST-TRAMATIC STRESS
PSYCHOLOGICAL
ATTITUDE
TREATMENT
EMOTIONS
DRUGS
COGNITIVE
SELF HARM
PSYCHOLOGY
SUICIDE
POSTPARTUM
CRISIS

What emotions are being conveyed?

Attraction
Believe
Change
Control
Dream
Energy
Faith
Great
Helpful
Hope
Inspired
Loving
Low
Power
Smart
Teen
Thought
Trust
Universe
Visualize
Positive
Thinking
Thankful
Smile

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What Have We Learned?

1. What is the most critical factor in managing patient interactions effectively?
 - a. Controlling the patient's emotions
 - b. Avoiding patient contact
 - c. Managing your own behavior and reactions
 - d. Ensuring all interventions work on the first try
2. True or False: Best practices ensure that all interventions will be successful in managing difficult situations.
3. Fill in the Blank: Patients may have both _____ and _____ triggers that caregivers cannot see or control.

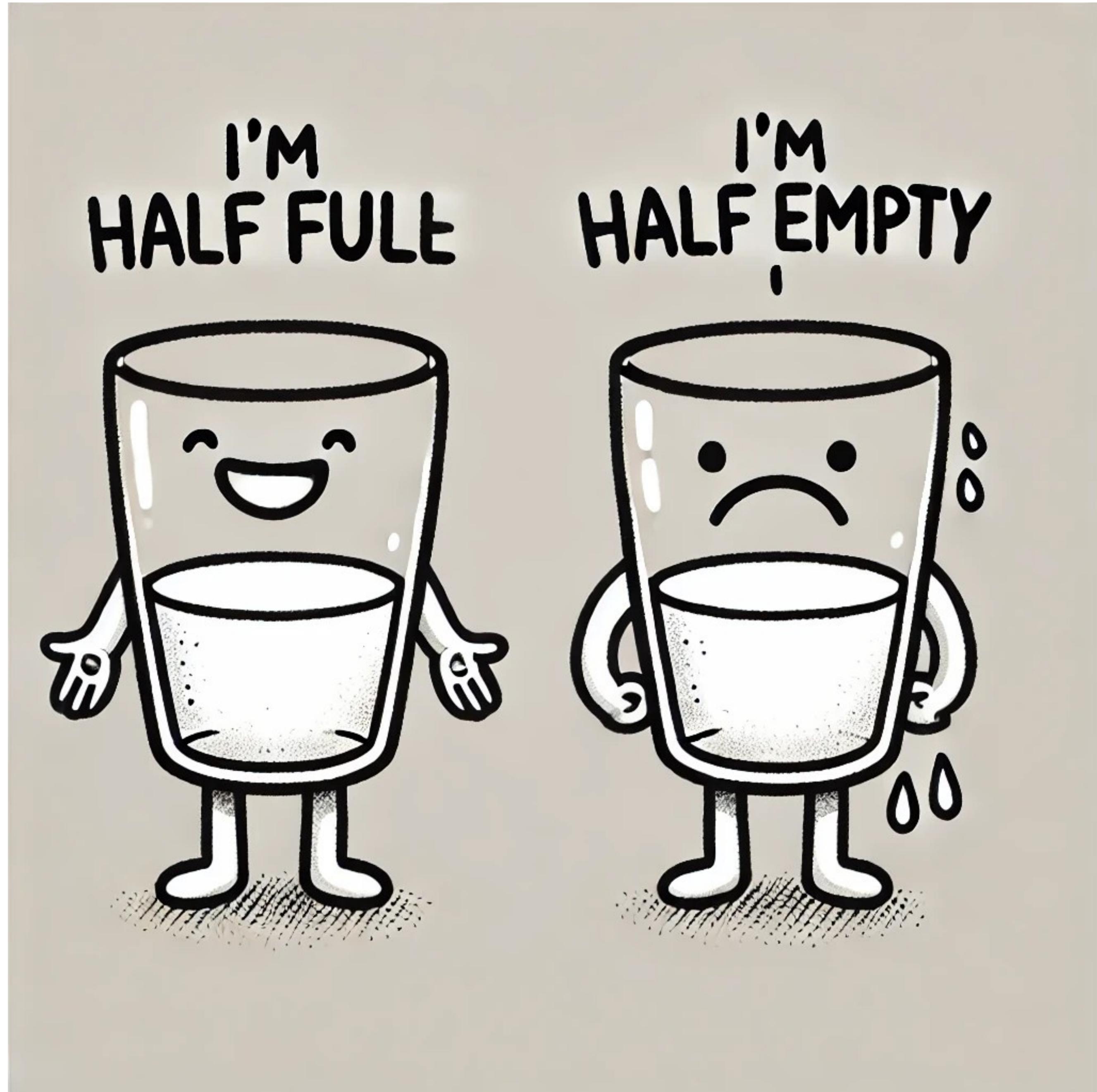
Questions: Knowledge Check #1

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Answers: Knowledge Check #1

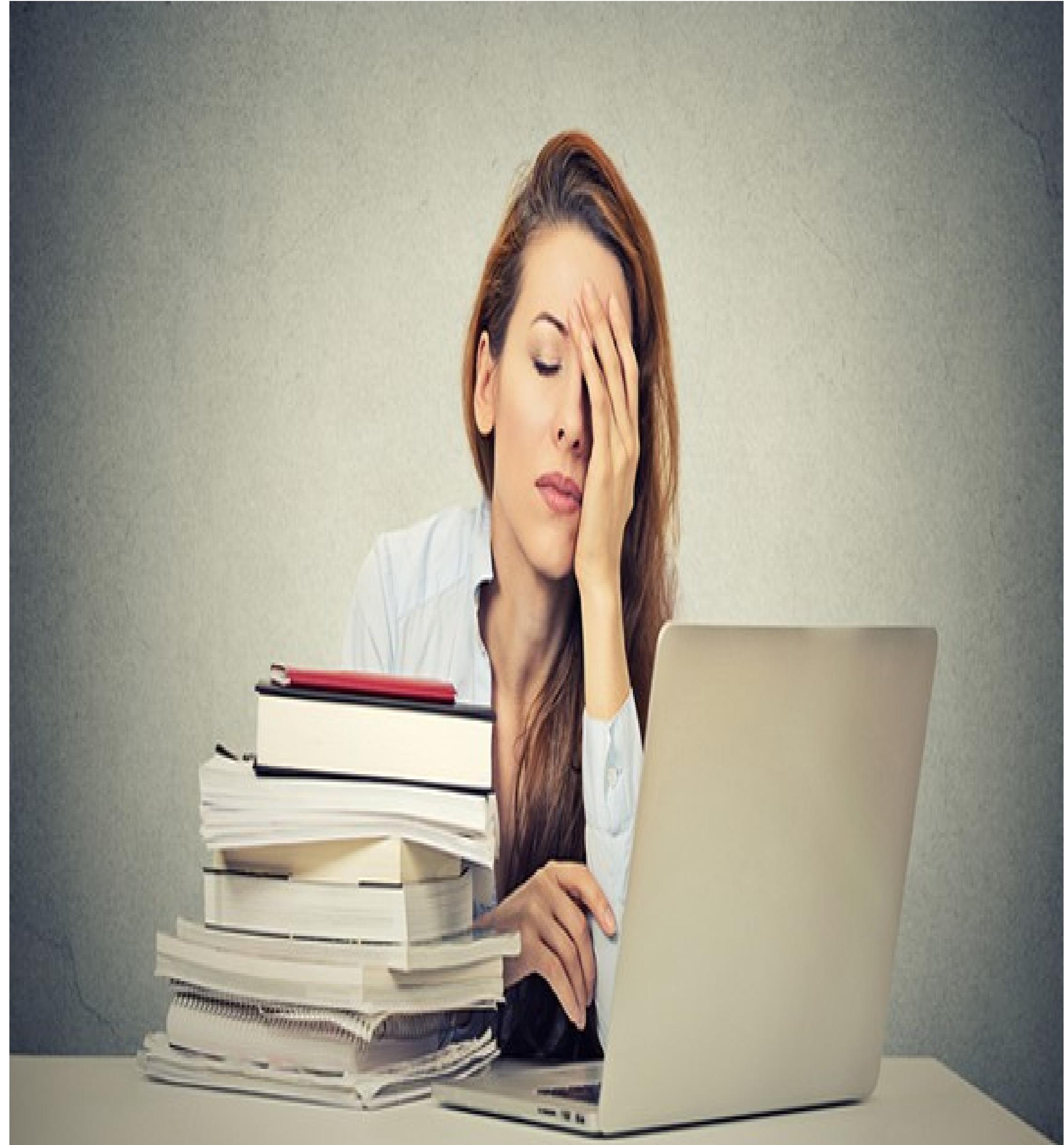




- Compassion Fatigue

- *“We have not been directly exposed to the trauma scene, but we hear the story told with such intensity, or we hear similar stories so often, or we have the gift and curse of extreme empathy and we suffer. We feel the feelings of our clients. We experience their fears. We dream their dreams. Eventually, we lose a certain spark of optimism, humor and hope. We tire. We aren’t sick, but we aren’t ourselves.”*

- - *C. Figley, 1995*
- <https://youtu.be/Zsaorjlo1Yc>





Ethical vs Morals

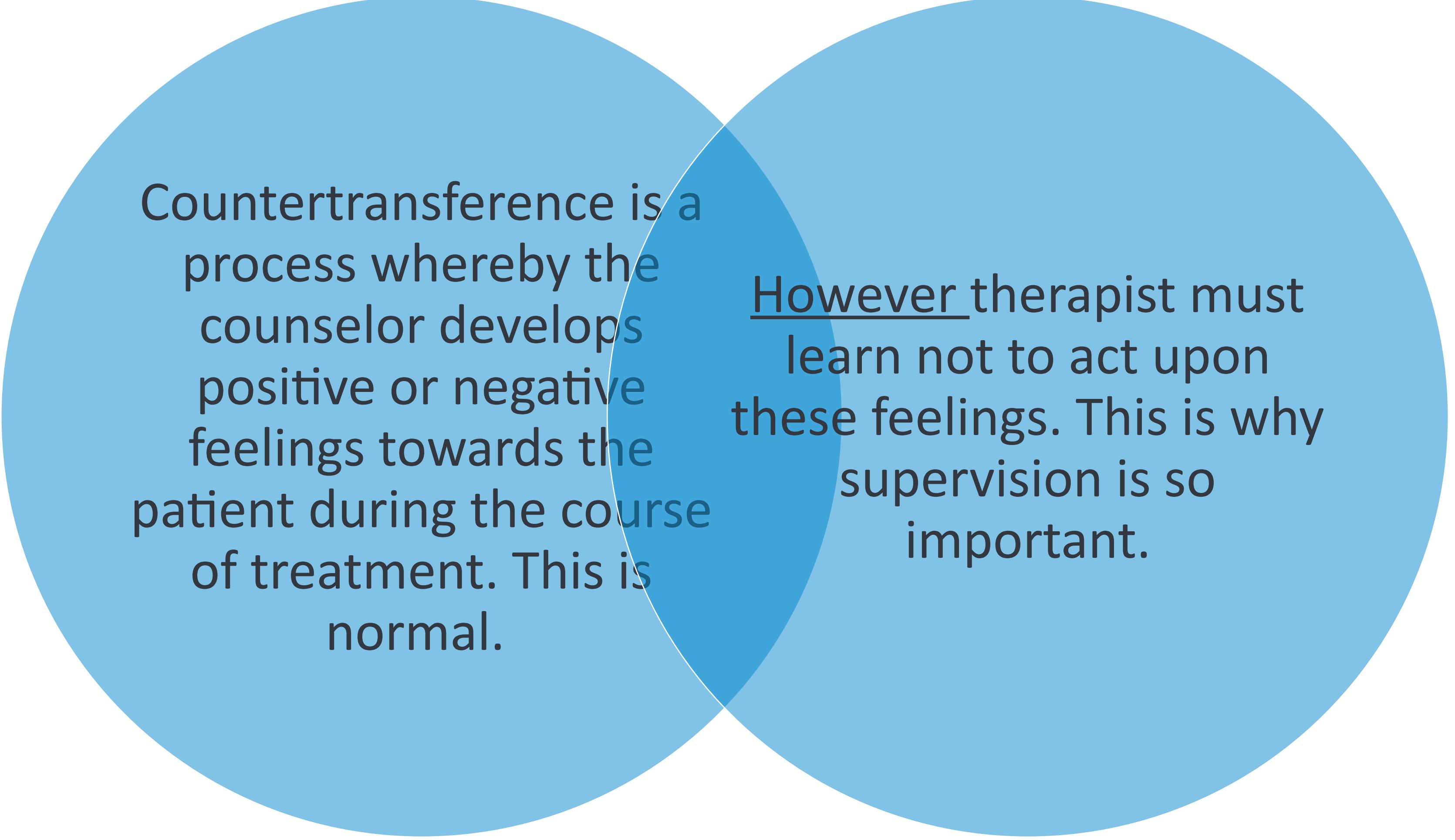
Ethics vs. Morals

- Ethics and morals are NOT always the same
- Morals = personal view of values
 - i.e. beliefs related to moral issues such as drinking, sex, gambling,
 - Can reflect influence of religion, culture, family and friends

Ethics can be defined as a prescribed set of behaviors that guide us in our said professions.

- Ethics transcends cultural, religious, and ethnic differences

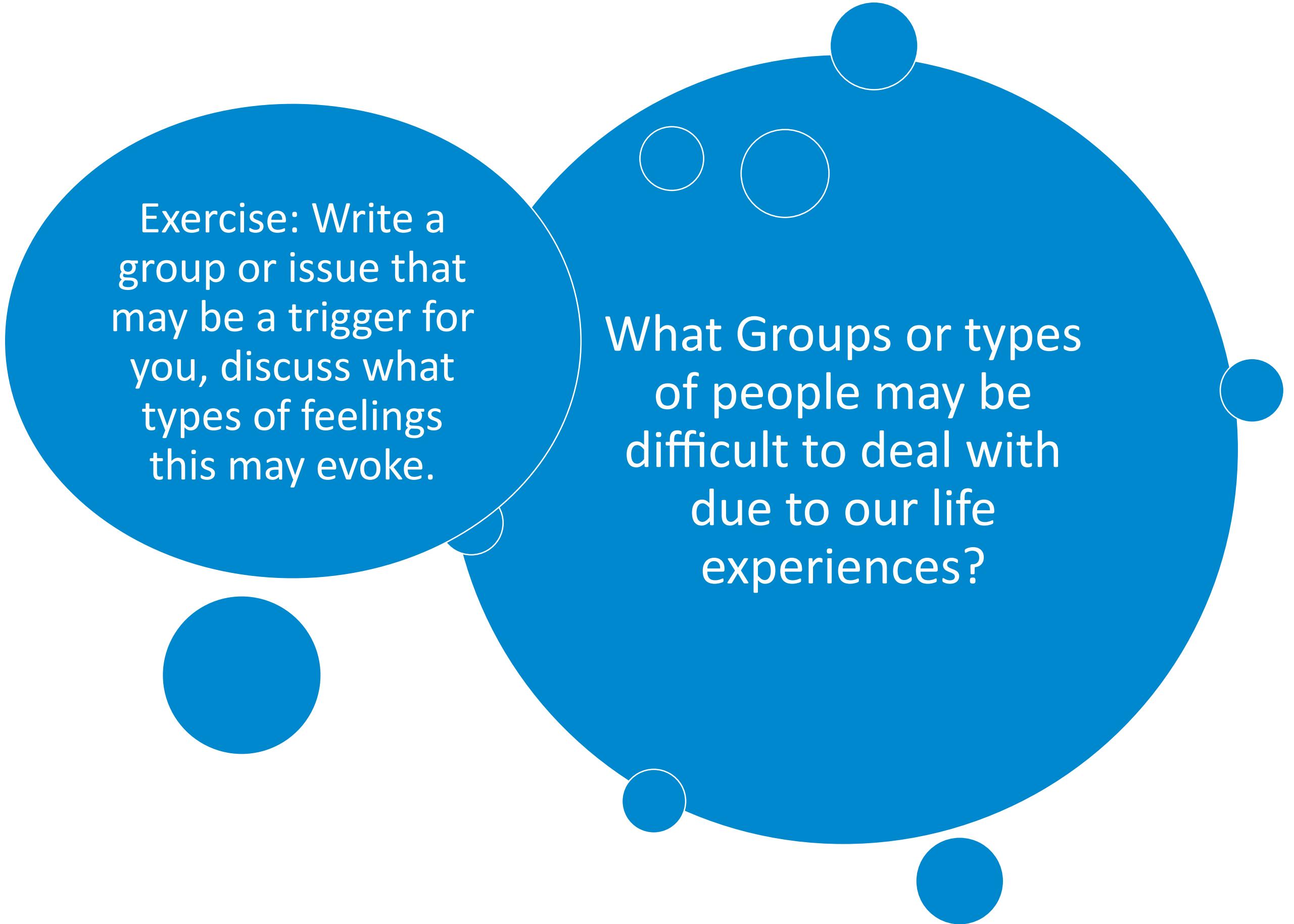
Countertransference

A Venn diagram consisting of two overlapping circles. The left circle contains the text: "Countertransference is a process whereby the counselor develops positive or negative feelings towards the patient during the course of treatment. This is normal." The right circle contains the text: "However therapist must learn not to act upon these feelings. This is why supervision is so important." The overlapping area represents the intersection of the two statements.

Countertransference is a process whereby the counselor develops positive or negative feelings towards the patient during the course of treatment. This is normal.

However therapist must learn not to act upon these feelings. This is why supervision is so important.

Something to Ponder?...

A diagram consisting of two large blue circles connected by a white line. Several smaller blue circles are scattered around the larger circles, some inside and some outside. The text is contained within these circles.

Exercise: Write a group or issue that may be a trigger for you, discuss what types of feelings this may evoke.

What Groups or types of people may be difficult to deal with due to our life experiences?

T.H.I.N.K.

“THINK”

Thoughtful

Helpful

Inspiring

Necessary

Kind

What do we know?

Depression, Anxiety, Trauma and Mood Disorders all are impacted by the same areas of the brain as SUD(Limbic System and Pre-Frontal Cortex)

This under firing or overfiring of neurotransmitters in these areas can create distorted perceptions, reactions and experiences for individuals who have co-occurring disorders

Substance Use Disorder is a disease of the brain.



What Have We Learned?

1. Which of the following is a symptom of compassion fatigue?
 - a. Increased energy
 - b. Loss of empathy
 - c. Improved focus
 - d. Heightened optimism
2. True or False: Compassion fatigue only occurs when caregivers are directly exposed to a traumatic event.
3. Fill in the Blank: Ethics and morals are _____ the same. (*two words*).

Questions: Knowledge Check #2

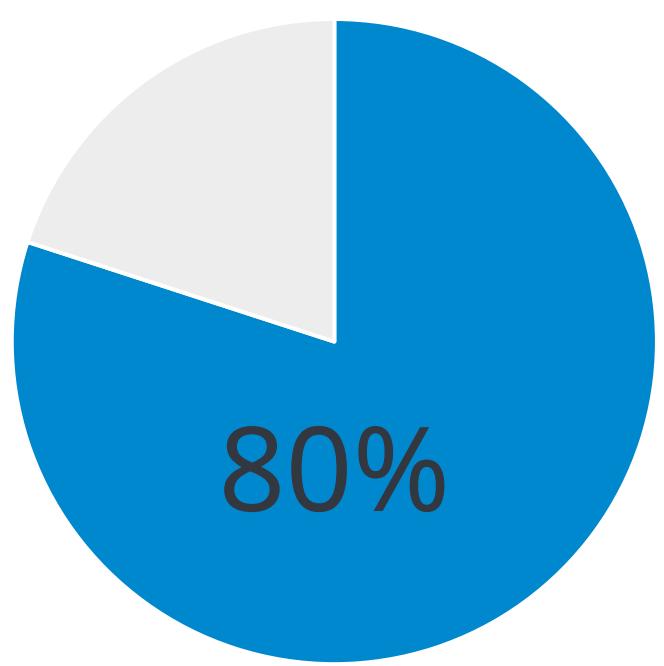
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3. Fill in the Blank: Ethics and morals are **NOT always** the same (*two words*).

Answers: Knowledge Check #2

MENTAL HEALTH STATISTICS

“80% of clients with a substance use disorder have an additional trigger”



Clients Issues

Client's we support didn't have the same experiences we did and they may misconstrue things we do and say.

- *Care must be taken to eliminate confusion and ensure clients understanding.*

We need to understand clients expectations, understanding of roles. How they view you as an authority figure, may trigger anger towards you.

- *This must not be taken personally; goal is to help clients shift perception. Remain emotionally neutral.*

Avoid demeaning responses

- *(labeling, name calling)*

Understanding past history

- *(abuse, mental illness, family history) will impact approach you take with clients*

Physiological Signs of Anger

*Heart
beating
faster*

*Breathing
rate
increases*

*Fists
clenched*

*Face feels hot
or cold*

*Hands
shaking*

*Profuse
sweating*

*Higher body
temperature*

*Sudden dry
mouth*

Stuttering

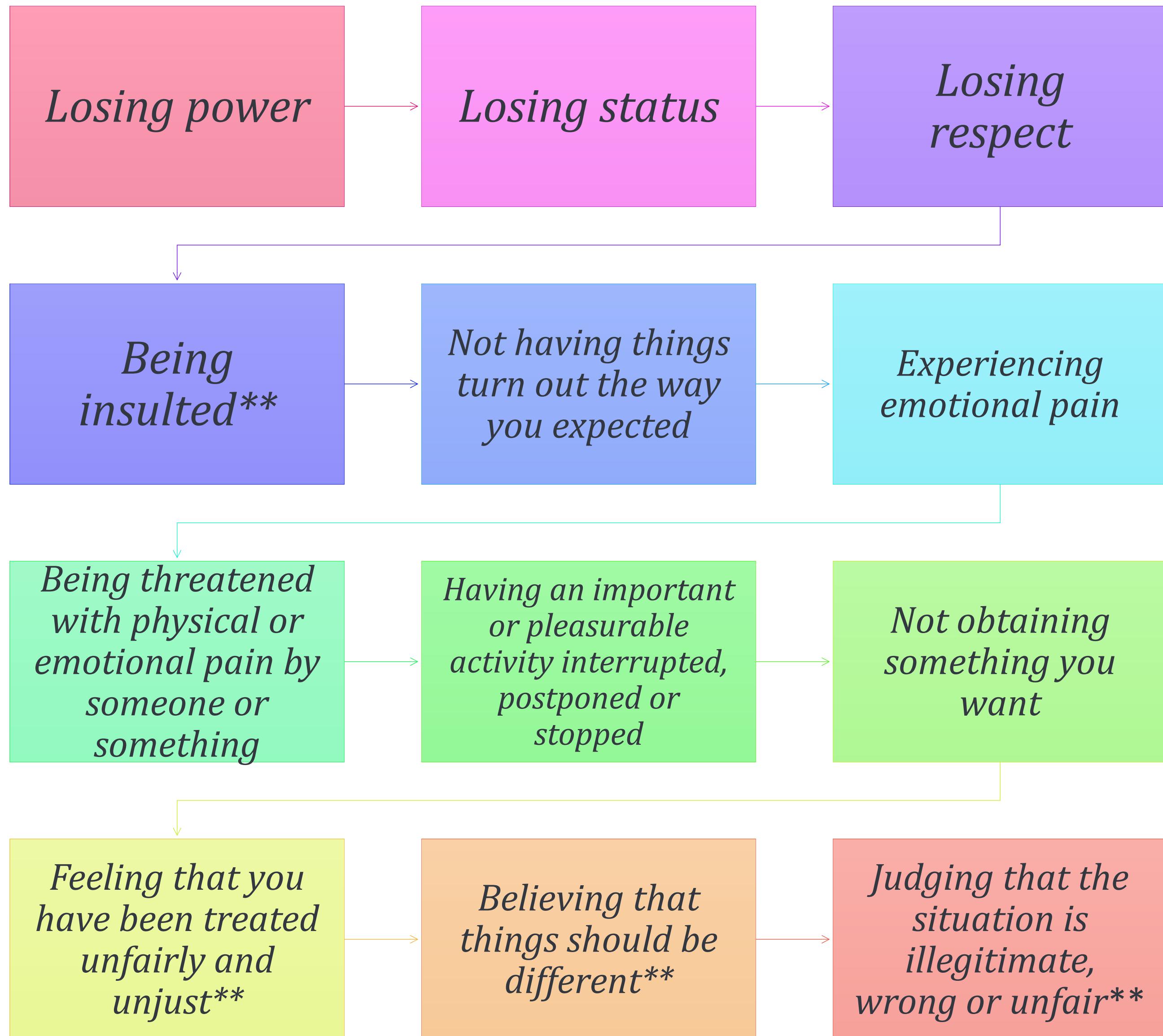
*Muscles
tensing*

Goosebumps

*Face turns
pale or red*

*Teeth
grinding, jaw
clenching*

Anger Activators





What Have We Learned?

1. *What percentage of clients with substance use disorders have an additional trigger?*
a) 50% b) 60% c) 80% d) 90%
2. *True or False: Clients with substance use disorders are unlikely to experience other triggers or mental health challenges.*
3. *Fill in the Blank: Mental health challenges often coexist with _____ use disorders, increasing the complexity of care.*

What Have We Learned?

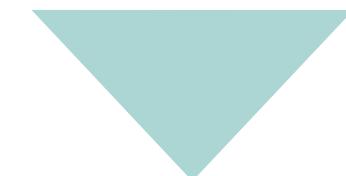
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2. True or **False**: Clients with substance use disorders are unlikely to experience other triggers or mental health challenges.
3. Fill in the Blank: Mental health challenges often coexist with **substance** use disorders, increasing the complexity of care.

Answers: Knowledge Check #3

What Is Verbal De-escalation?



Verbal De-escalation is an intervention for use with people who are at risk for aggression.

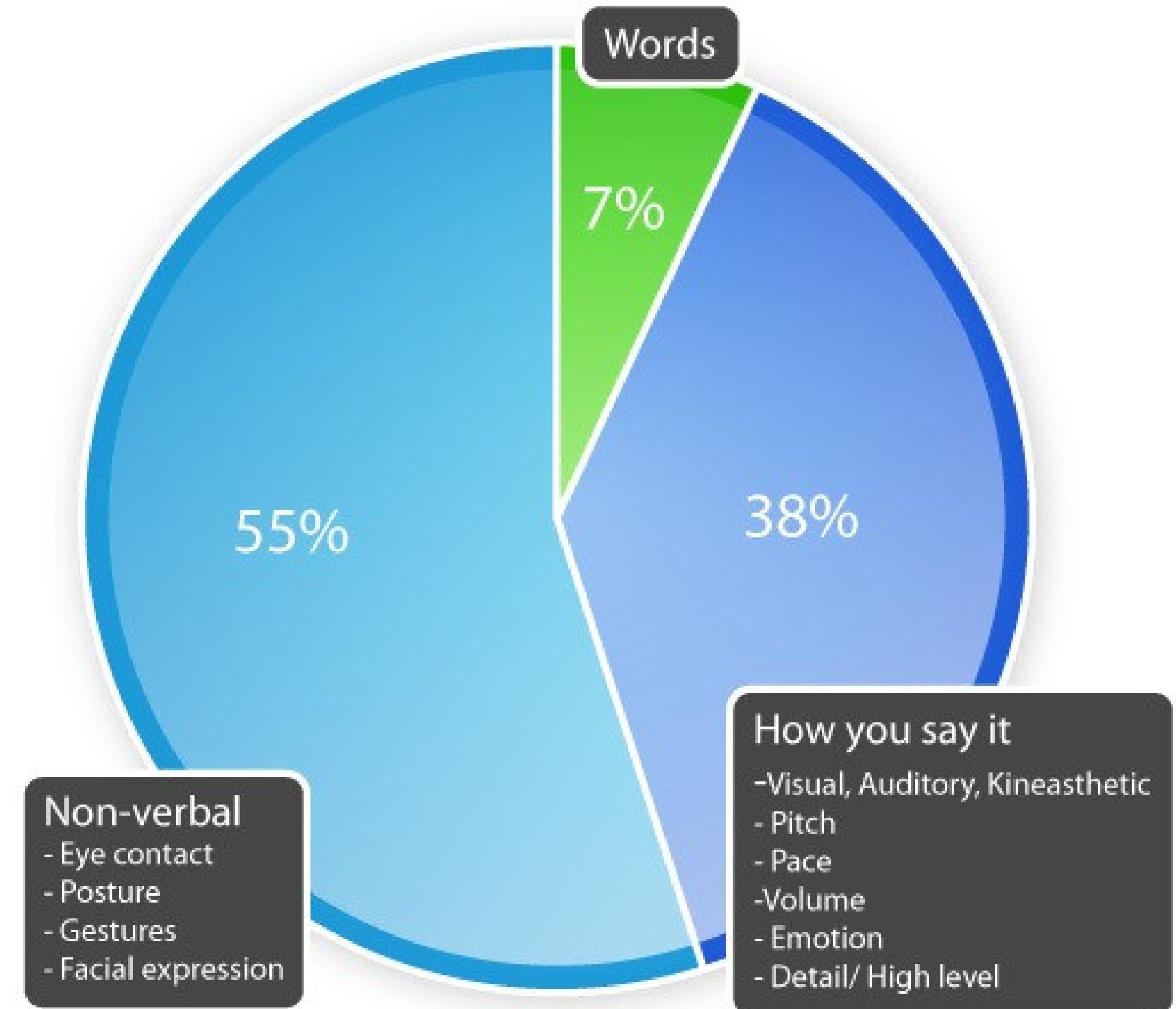


It is basically using calm language, along with other communication techniques, to diffuse, re-direct, or de-escalate a conflict situation.

3 Aspects of Communication

- *Body language*
- *Paralanguage*
- *Word choice*

Which has most influence?



- *Tone expresses speaker's feelings or attitudes.*
- *Listener interprets speaker's message through tone.*
- *38% of communication depends on tone.*



De-escalation tips

Do not be defensive even if comments, curses, or insults are directed at you. They are not about you. Remember, you can only control ___?

Be honest. *Lying to calm someone down may lead to future escalation if the dishonesty is discovered. If possible, wait to convey further upsetting news.*

Explain limits and rules in an authoritative, firm, but respectful tone. Give choices, where possible, in which both alternatives are safe ones.

"Would you like to continue our meeting calmly, or would you prefer to stop now and continue tomorrow?"

Be respectful when firmly setting limits or calling for help. The agitated individual is very sensitive to feeling shamed and disrespected.

*Empathize with feelings but not with behavior.
"You have every right to feel angry, but it is not okay*

for you to threaten me."

*Suggest alternative behaviors where appropriate.
"Would you like to take a break and have a cup of coffee or some water?"*



What Have We Learned?

1. Which of the following is a key goal of verbal de-escalation?
 - a. Escalating the situation to gain control
 - b. Establishing trust and reducing tension
 - c. Providing an immediate solution to the problem
 - d. Confronting the patient directly
2. True or False: Verbal de-escalation techniques are only useful in clinical settings.
3. Fill in the Blank: One effective verbal de-escalation strategy is to model healthy _____, even when a situation becomes challenging.

Questions: Knowledge Check #4

What Have We Learned?

1. Which of the following is a key goal of verbal de-escalation?
 - a. Escalating the situation to gain control
 - b. **Establishing trust and reducing tension**
 - c. Providing an immediate solution to the problem
 - d. Confronting the patient directly
2. True or **FALSE**: Verbal de-escalation techniques are only useful in clinical settings.
3. Fill in the Blank: One effective verbal de-escalation strategy is to model healthy **interactions**, even when a situation becomes challenging.



Verbal De-escalation and it's importance in all settings
<https://youtu.be/MOeuoNP-fyQ>

Four Stages of Escalation



- *Anxious Person*
- *Resistant Person*
- *Aggressive Person*
- *Re-directable Person*

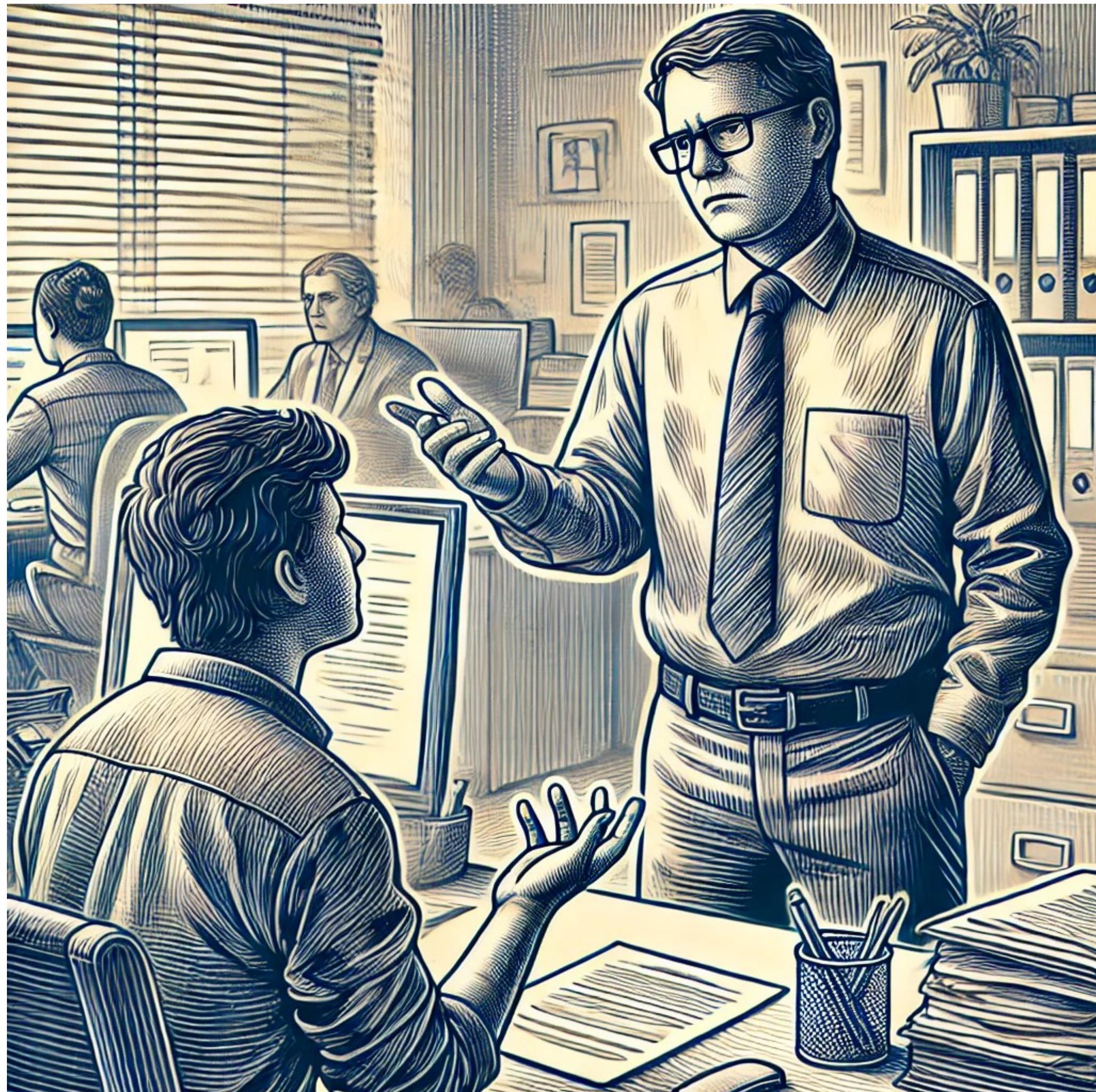
Questioning

May be legitimate questions about an activity, missed information, etc.

- “*What are we suppose to be doing now?*”
- “*Why do I have to go?*”
- “*How does this stuff help me?*”

May be an attempt to question your authority

- “*Why do I have to listen to you?*”
- “*Who died and made you boss?*”



Questioning - Response

Escalation Prevention

- *The easiest way to prevent escalation from this point is simply to answer the question*
- *Assume that questions are real. Do not assume the person is trying to “start something” or be manipulative by asking questions*

Reflective listening

- *Let the person do the talking*
- *Focus on what the person is saying*
- *Focus on the person’s emotions (look at body language, sound of voice, etc.)*
- *Restate what the person is saying to you to show you understand*
- *Keep your answers short and clear*

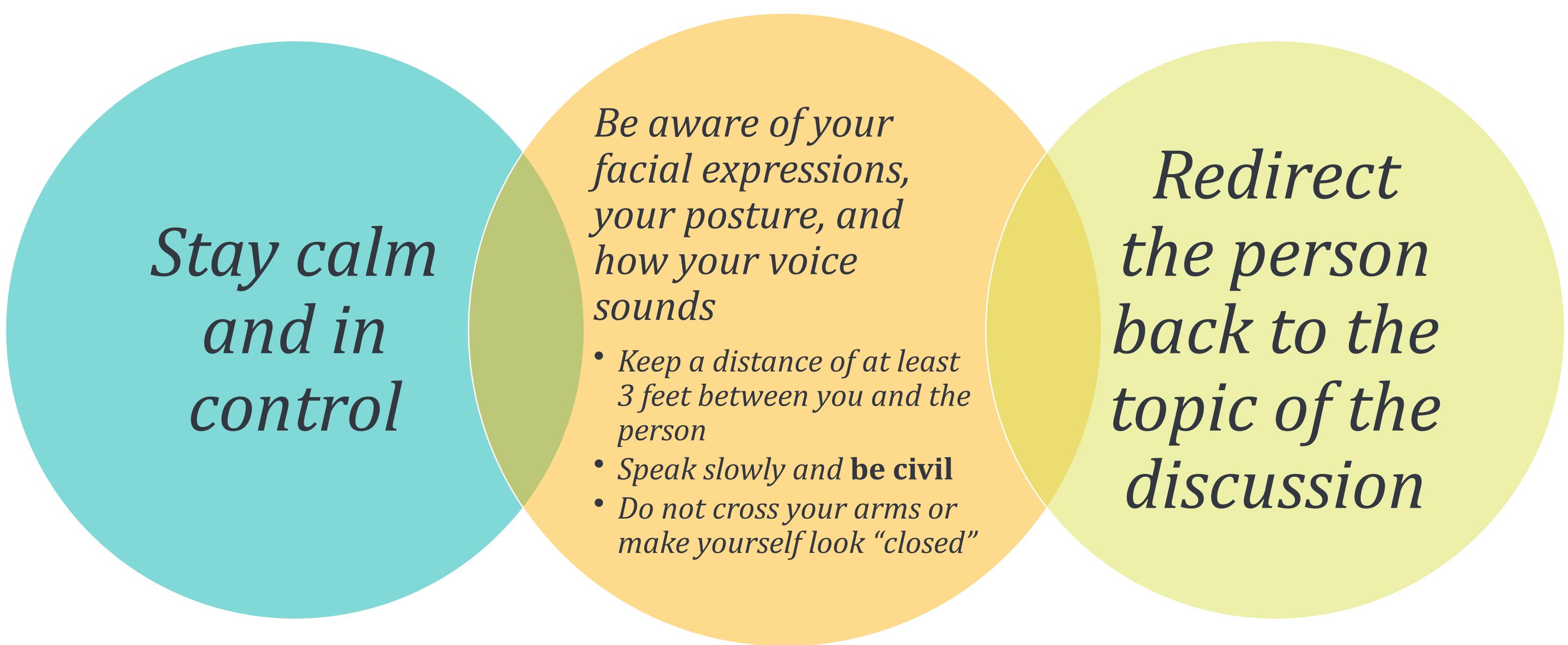
Resistance (Back Talk)

When a person is showing their anger and trying to incite you to be angry

- “You’re always telling me what to do! Why don’t you do it?”
- “You don’t know what you are talking about”
- “This is all just stupid”



Insolence- Response



*Stay calm
and in
control*

*Be aware of your
facial expressions,
your posture, and
how your voice
sounds*

- *Keep a distance of at least 3 feet between you and the person*
- *Speak slowly and be civil*
- *Do not cross your arms or make yourself look "closed"*

*Redirect
the person
back to the
topic of the
discussion*

Refusal



The person is challenging your control of the situation by refusing to comply with a direction

- *“I’m not going!”*
- *“I’m not going to do that.”*
- *Crossing arms, turning head, ignoring you*
- *“Do it yourself!”*

Refusal - Response

Stay calm, cool and collected

- *Your behavior impacts the situation.*
- *If you are responding to the person's anger, the person will become more angry*

Give the person two clear choices that are reasonable and appropriate. Explain the consequences for each of the choices

Challenge



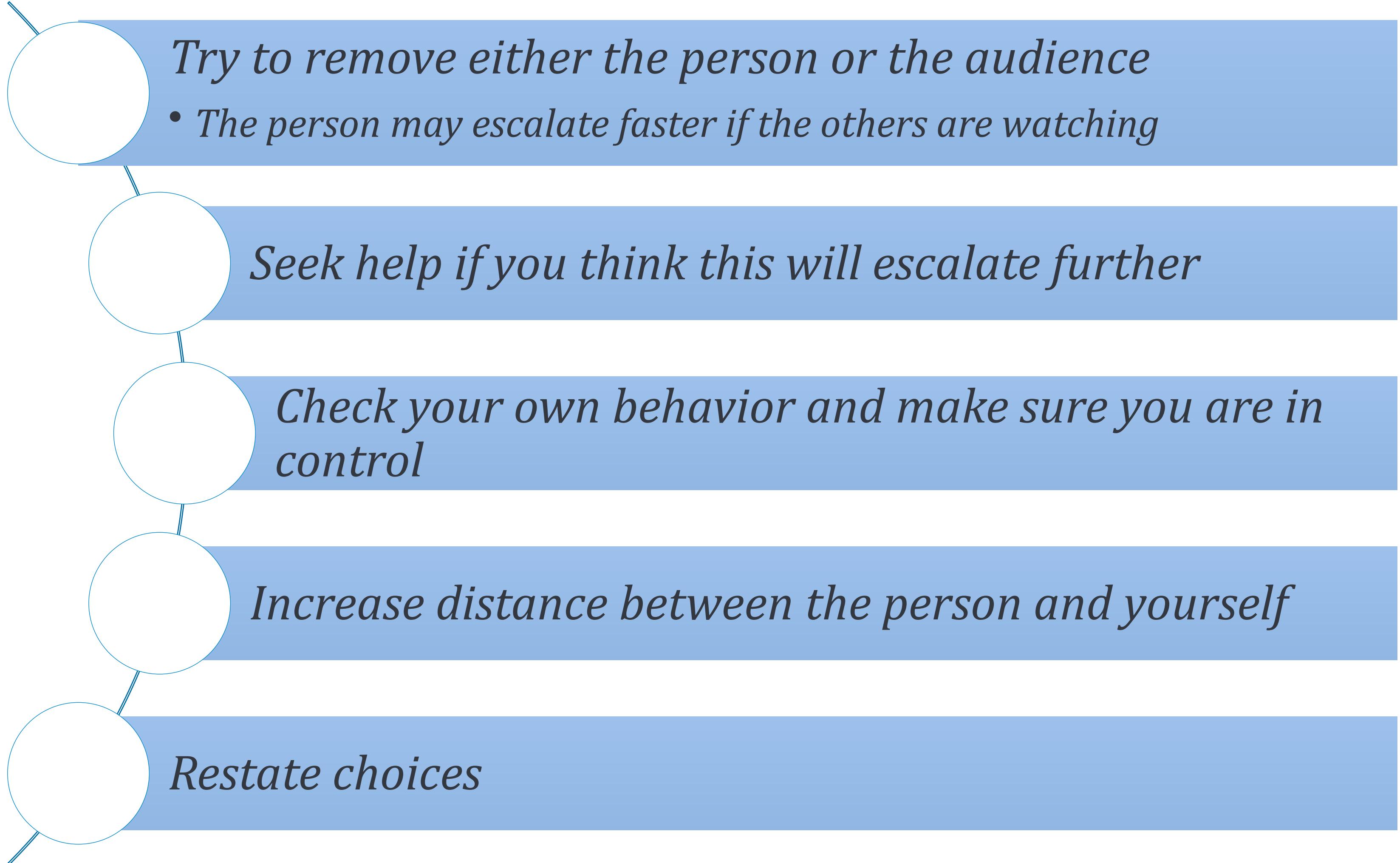
The person is attempting to directly challenge your authority

“You can’t make me do it!”

“I don’t have to do that!”

“Pick on somebody else!”

Challenge - Response





OUTBURST

- The goal is to reduce risk of this stage occurring!

Outburst

*The person
is no longer
able to
maintain
control*

- **Verbal Outburst**
 - *screams, yells, shouts
profanity, cries, etc.*
- **Physical**
 - *Outburst - attacks, kicks,
throws, breaks, runs, etc.*

Outburst - Response



*If the
outburst is
verbal*

- *Keep a space between the person and yourself*
- *Remove the other bystanders from the room*
- *Allow the person to vent*
- *Do not attempt communication at this point*
- *Wait for the episode to progress naturally to the next level; the “Quiet Period”*

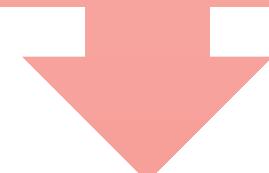


*If the
outburst is
physical*

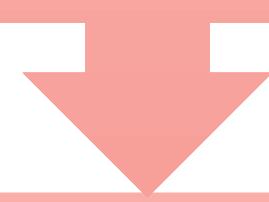
- *Remove the other bystanders from the room*
- *Keep safe distance and attempt to maintain visual contact with the person*
- *Get assistance up to and including calling the police if necessary*

Calming Down / Opportunity for Learning

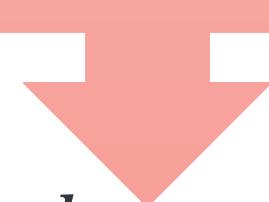
Usually represented by being quiet, lack of energy, sometimes crying, moving to a protected area, etc.



Give the person space and time to calm down



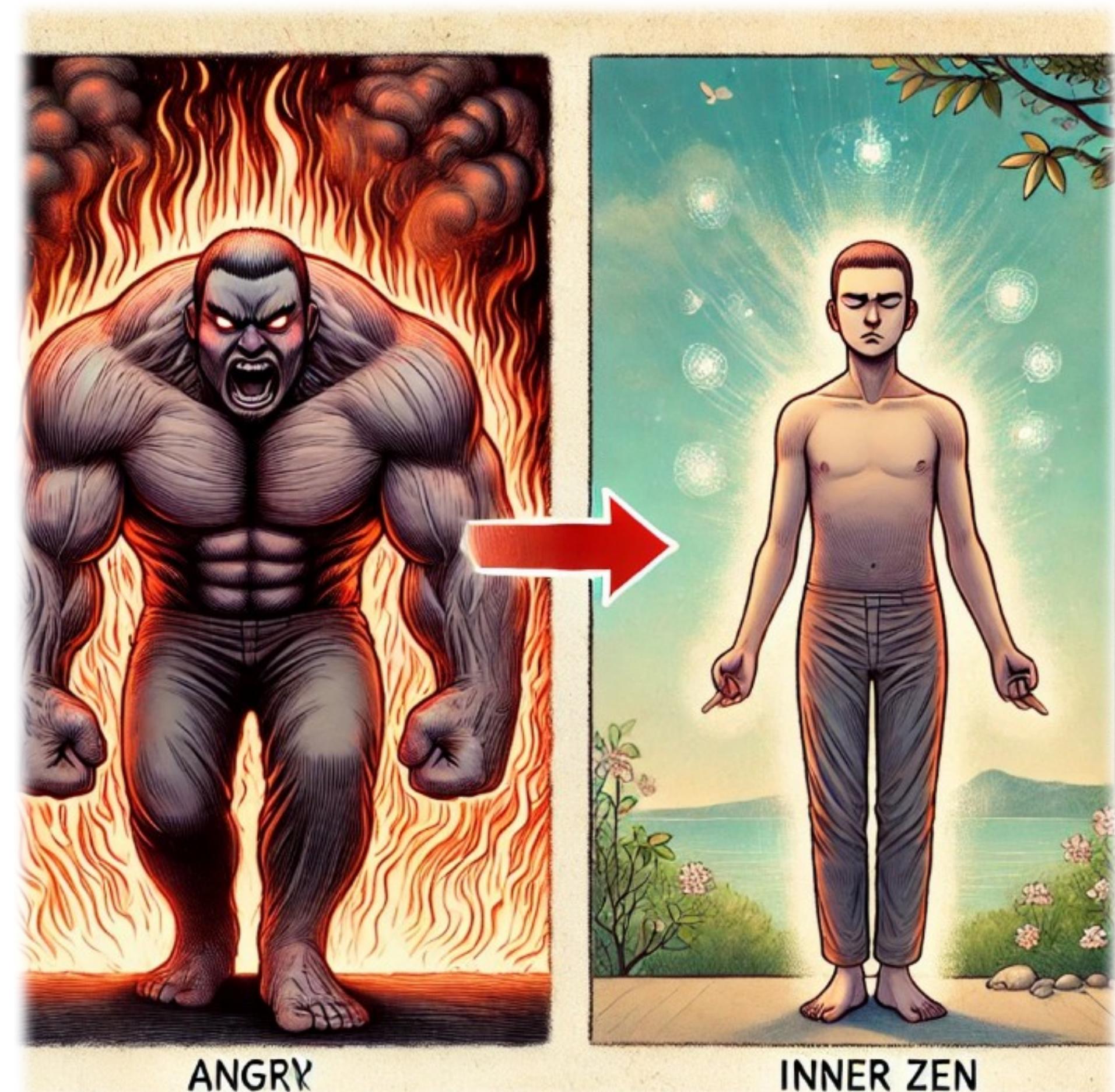
Quietly offer support



Discuss what they can do different and what you can do differently next time they may be in a similar situation



You must be calm to accomplish this



Summary

Anger follows an observable and predictable pattern.

You are an active participant in the cycle and can escalate or de-escalate behavior with your actions

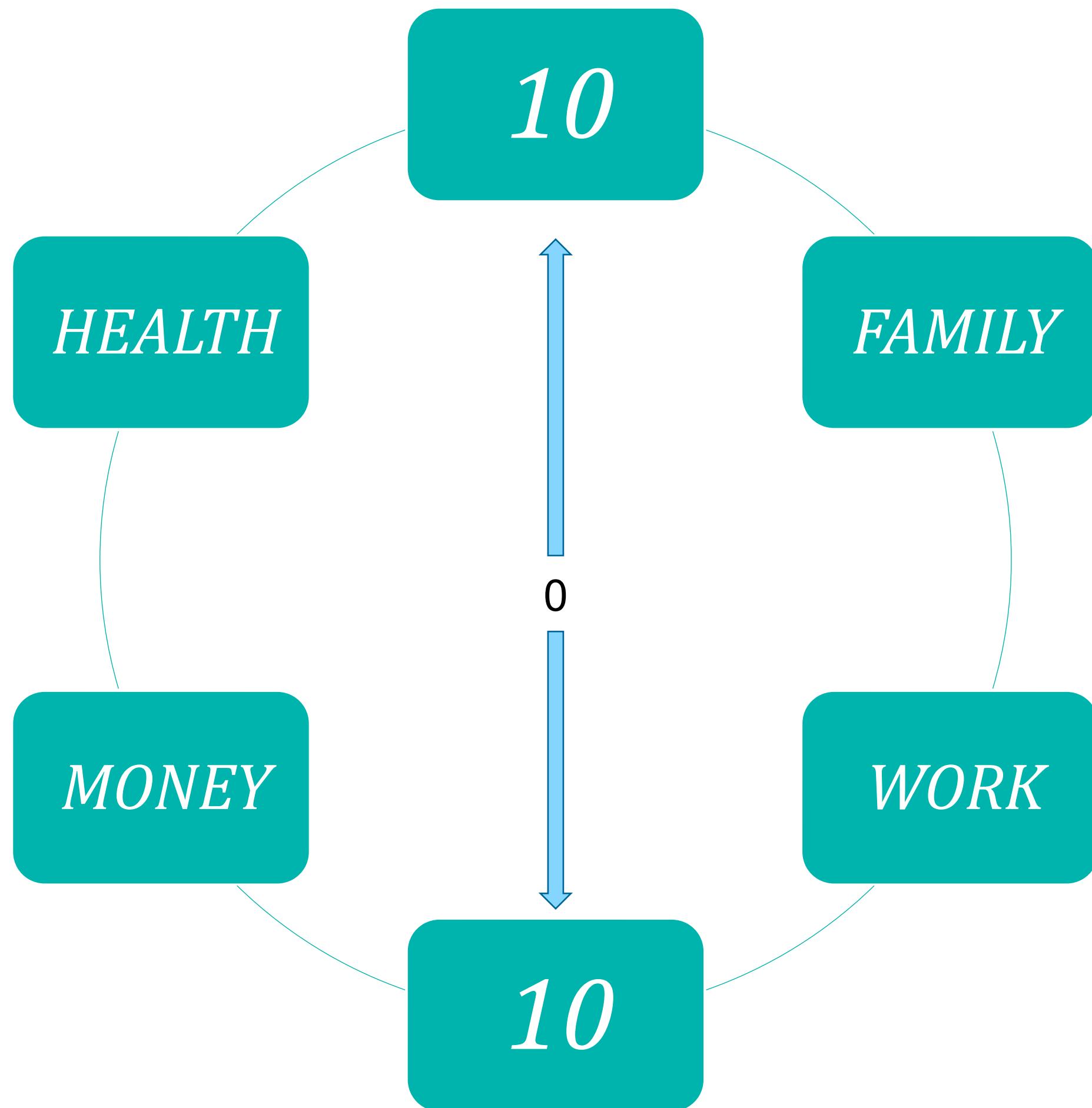
We must be aware and in control of our behavior to be effective in resolving conflicts

Once a person reaches the outburst phase they are no longer in control of their actions

The key point during an outburst is to create the safest environment possible to prevent injury

Ask for help and get supervision regarding de-escalation

Self-Awareness



Rate Your Satisfaction for Each on a scale of 0-10



Self Care

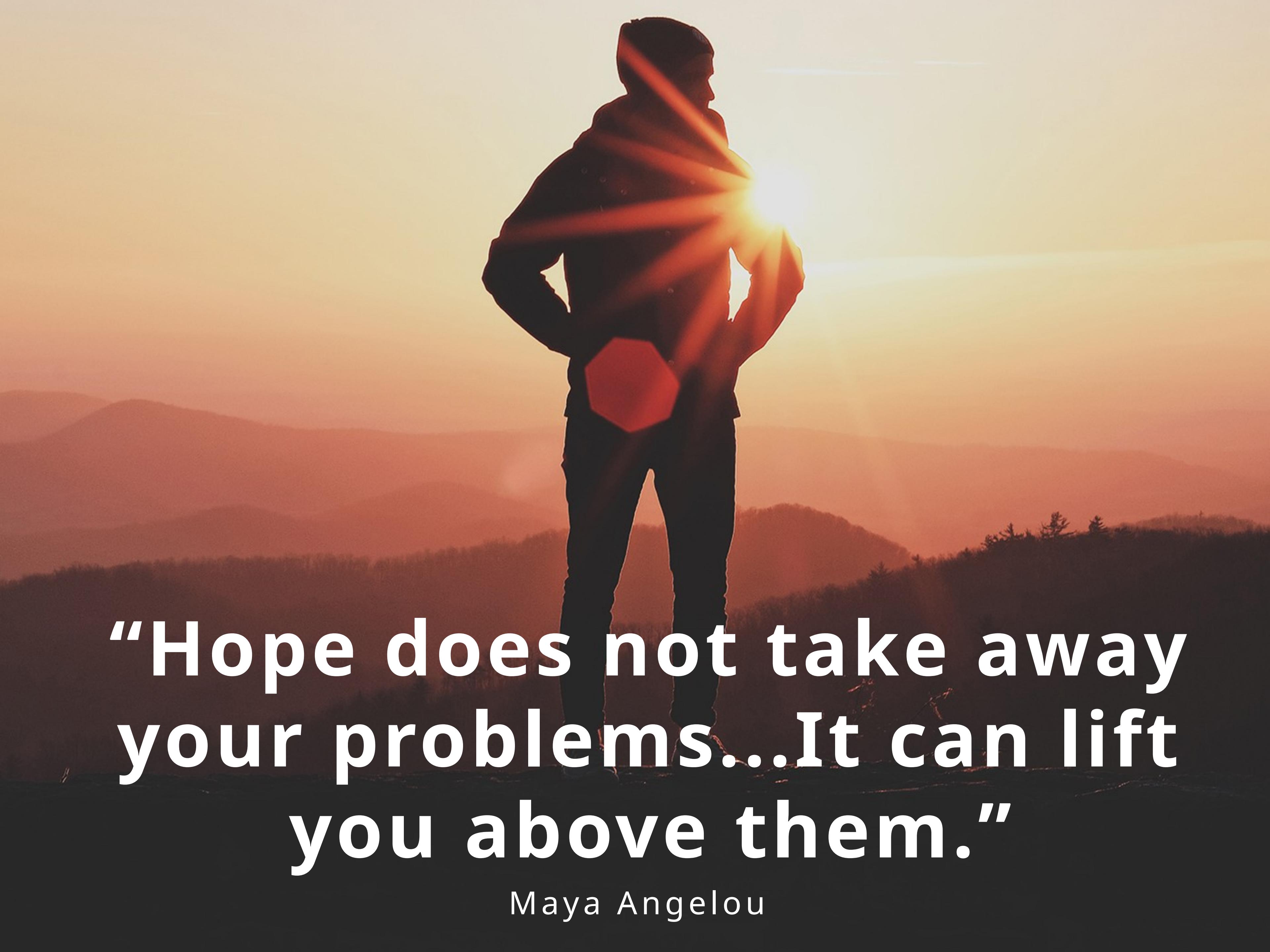
Work

Partner/Spouse/Family

Friends

Financial Aspects

Health & Wellness



**“Hope does not take away
your problems...It can lift
you above them.”**

Maya Angelou

Thank You!

