

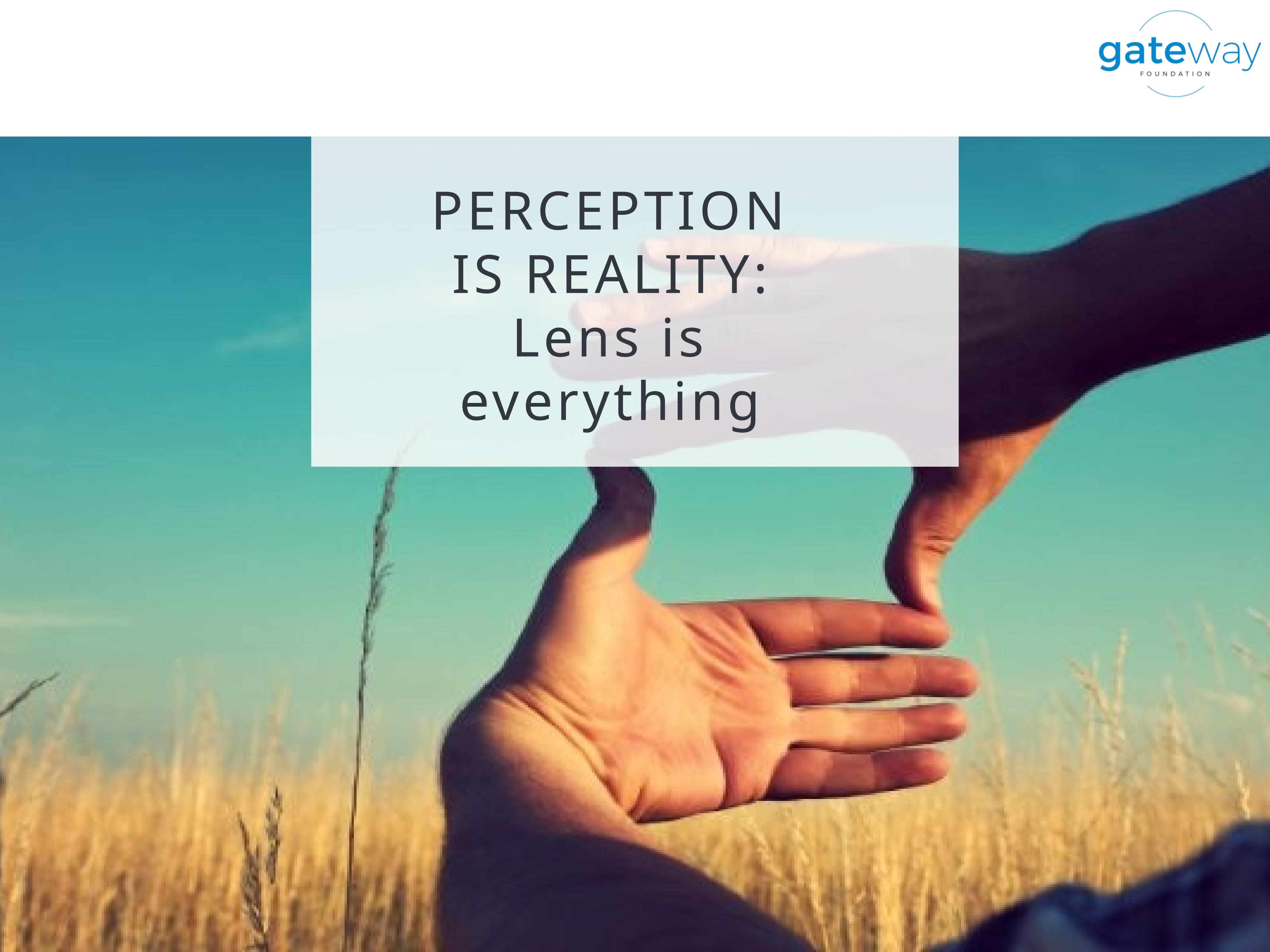


Strategies for Optimizing Client Relationships and Self-Management

Jim Scarpace, LCPC

Learning Objectives

- ① Recognize signs and triggers of escalation
- ② Develop verbal and non-verbal tactics to deescalate clients in crisis
- ③ Self management and staff resources for support

A photograph of two hands, one light-skinned and one dark-skinned, reaching towards each other in a gesture of connection. They are positioned over a field of tall, golden-brown grass. The background is a clear, bright blue sky. A semi-transparent white rectangular box is overlaid on the upper part of the image, containing the text.

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



What emotions are being conveyed?

Attraction
 Attitude
 Dream
 Control
 Great
 Inspire
 Smart
 Trust
 Teens
 Thought
 Visualize
 Beautiful
 Change
 Helpful
 Positive
 Creative
 Believe
 Happy
 Law
 Loving
 Universe
 Thinking
 Thankful
 Smile
 Faith

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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.

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Filling Emotional Tanks

I'M
HALF FULL

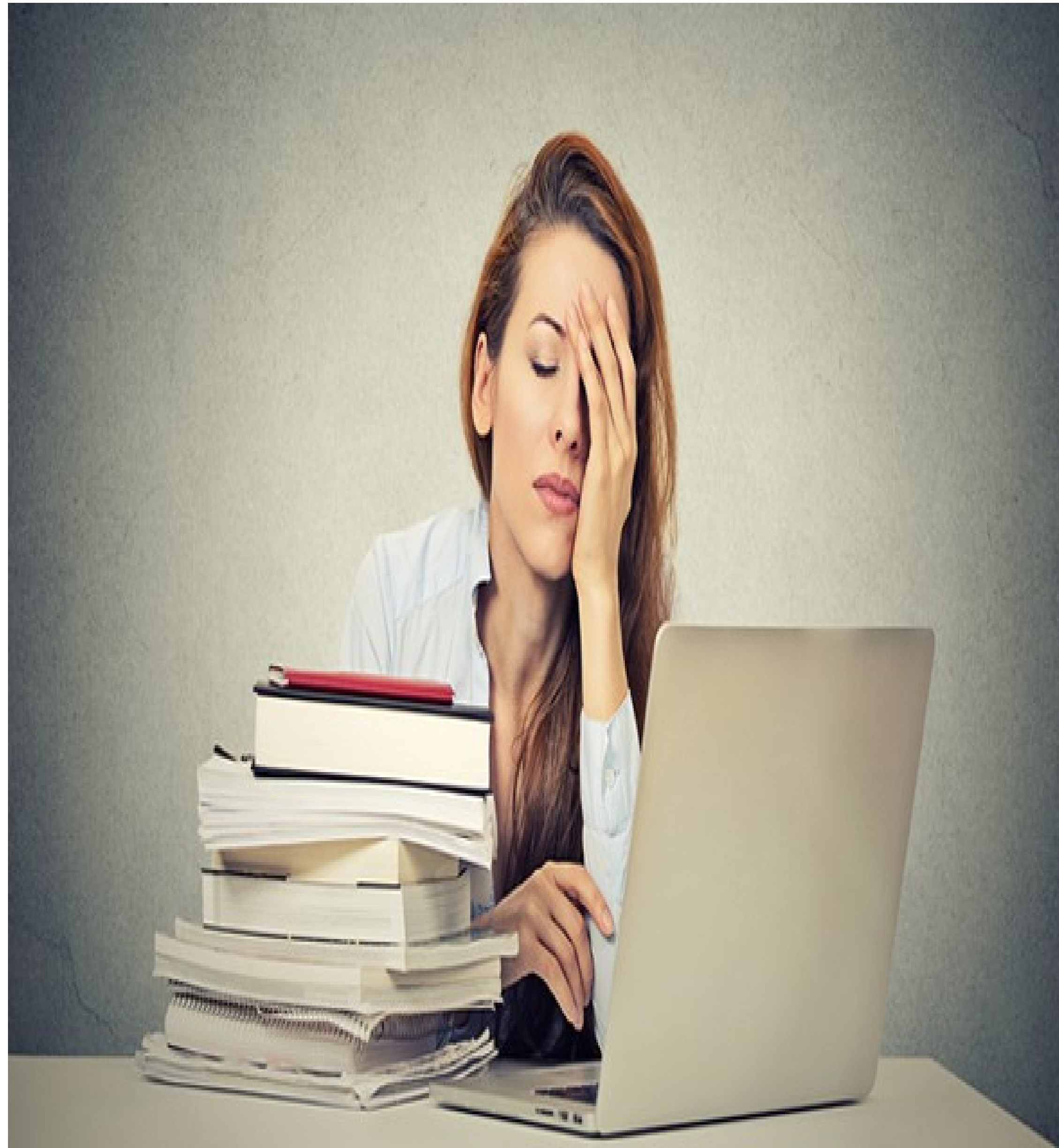


I'M
HALF EMPTY



• 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

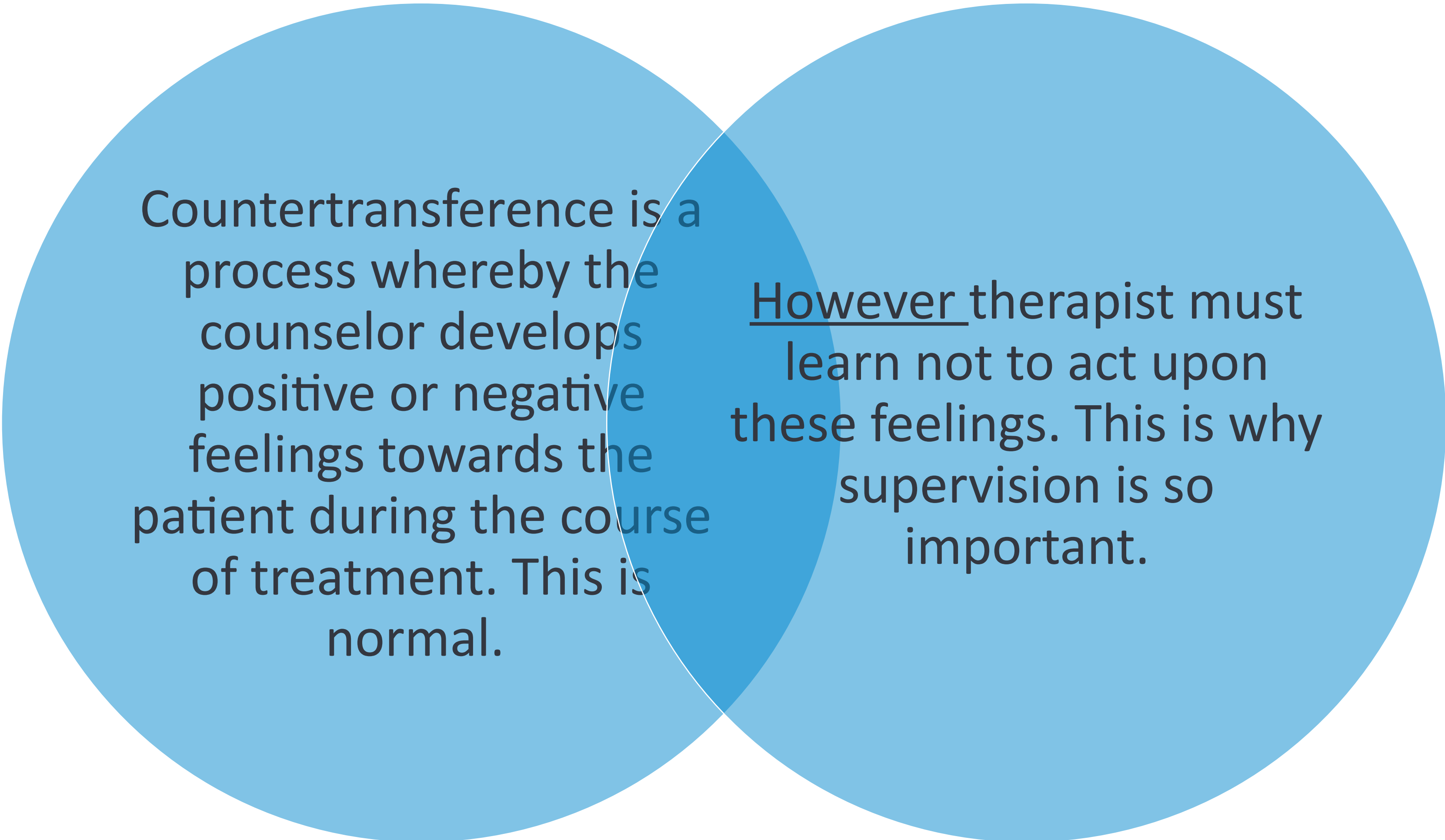
Ethics vs. Morals

- 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

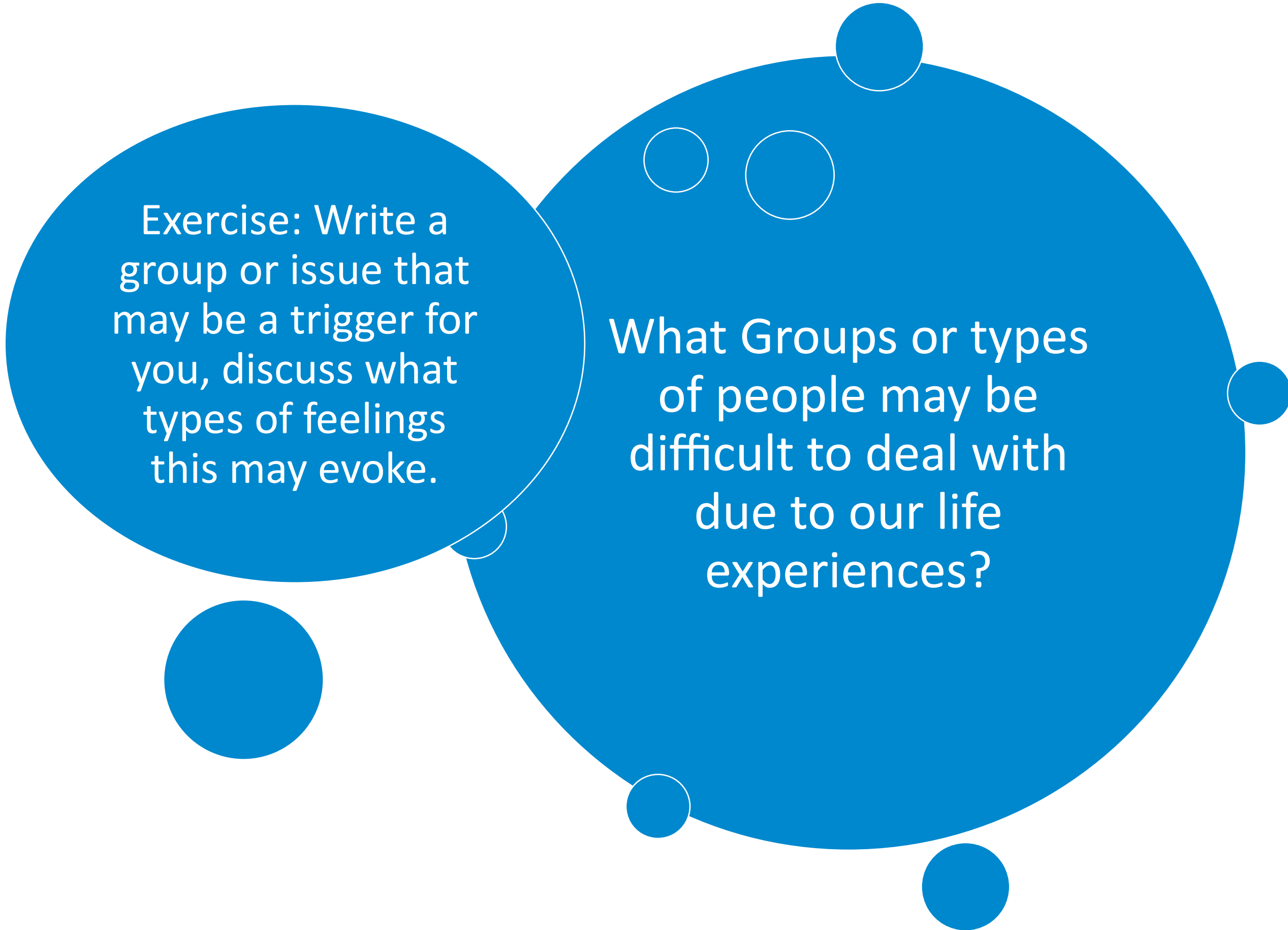
Countertransference

A Venn diagram consisting of two overlapping circles of a medium blue color. The left circle contains text about the definition of countertransference, and the right circle contains text about the importance of supervision. The overlapping area is a darker shade of blue.

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?...

The graphic consists of two large, overlapping blue circles. The left circle is smaller than the right one. Several smaller blue circles of varying sizes are scattered around the larger circles: one above the top of the right circle, one to the right of the right circle, one below the right circle, one below the left circle, and one to the left of the left circle. Inside the left circle, there is white text.

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?

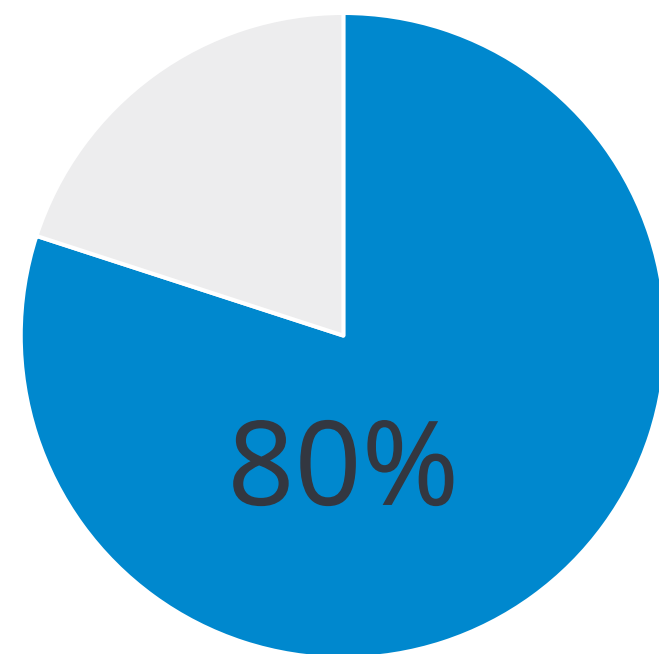
1. Which of the following is a symptom of compassion fatigue?
 - a. Increased energy
 - b. Loss of empathy
 - c. Improved focus
 - d. Heightened optimism
2. True or False: Compassion fatigue only occurs when caregivers are directly exposed to a traumatic event.
3. Fill in the Blank: Ethics and morals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

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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

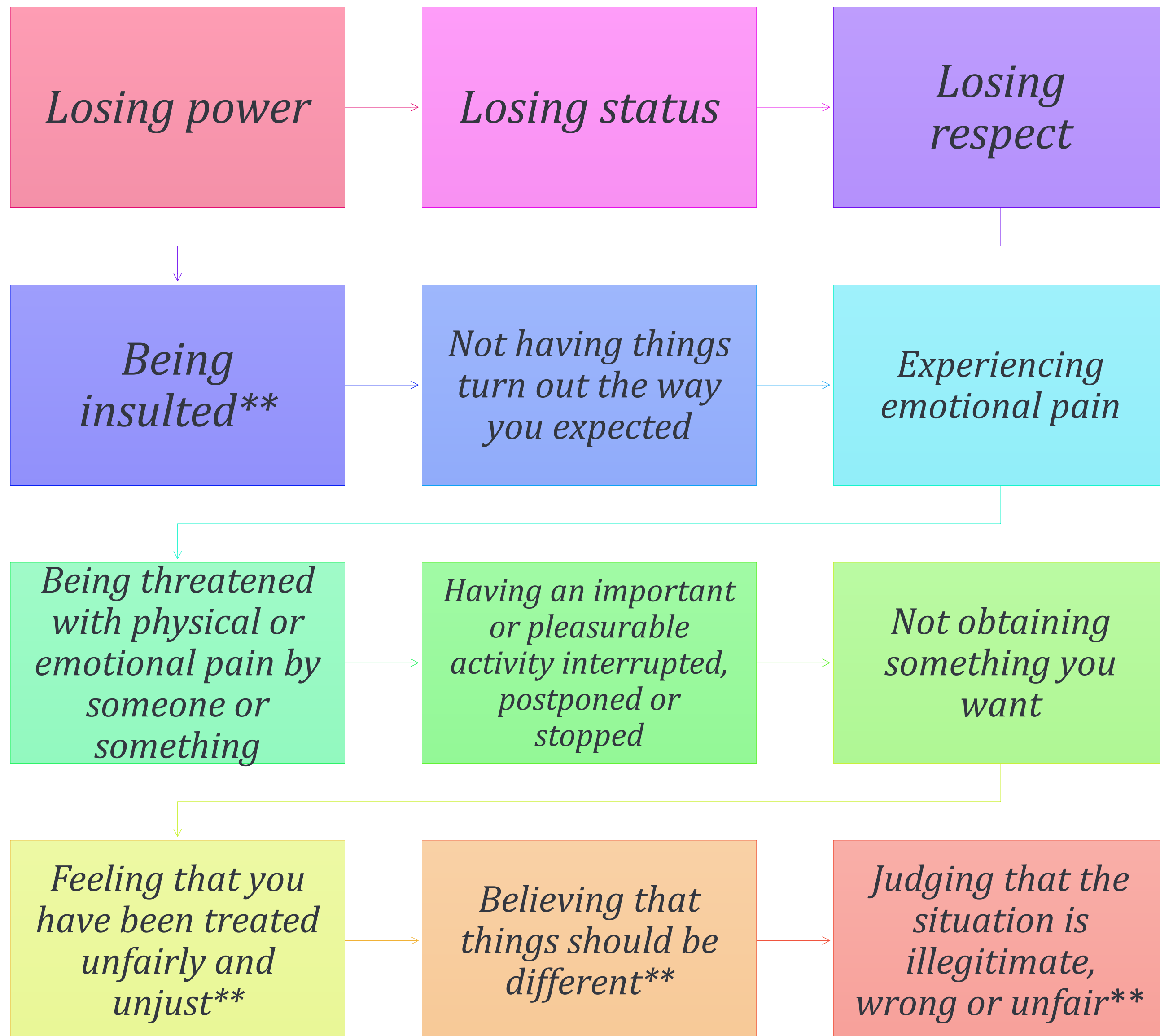
*Muscles
tensing*

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?

1. What percentage of clients with substance use disorders have an additional trigger?
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2. True or **False**: Clients with substance use disorders are unlikely to experience other triggers or mental health challenges.
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What Is Verbal De-escalation?



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

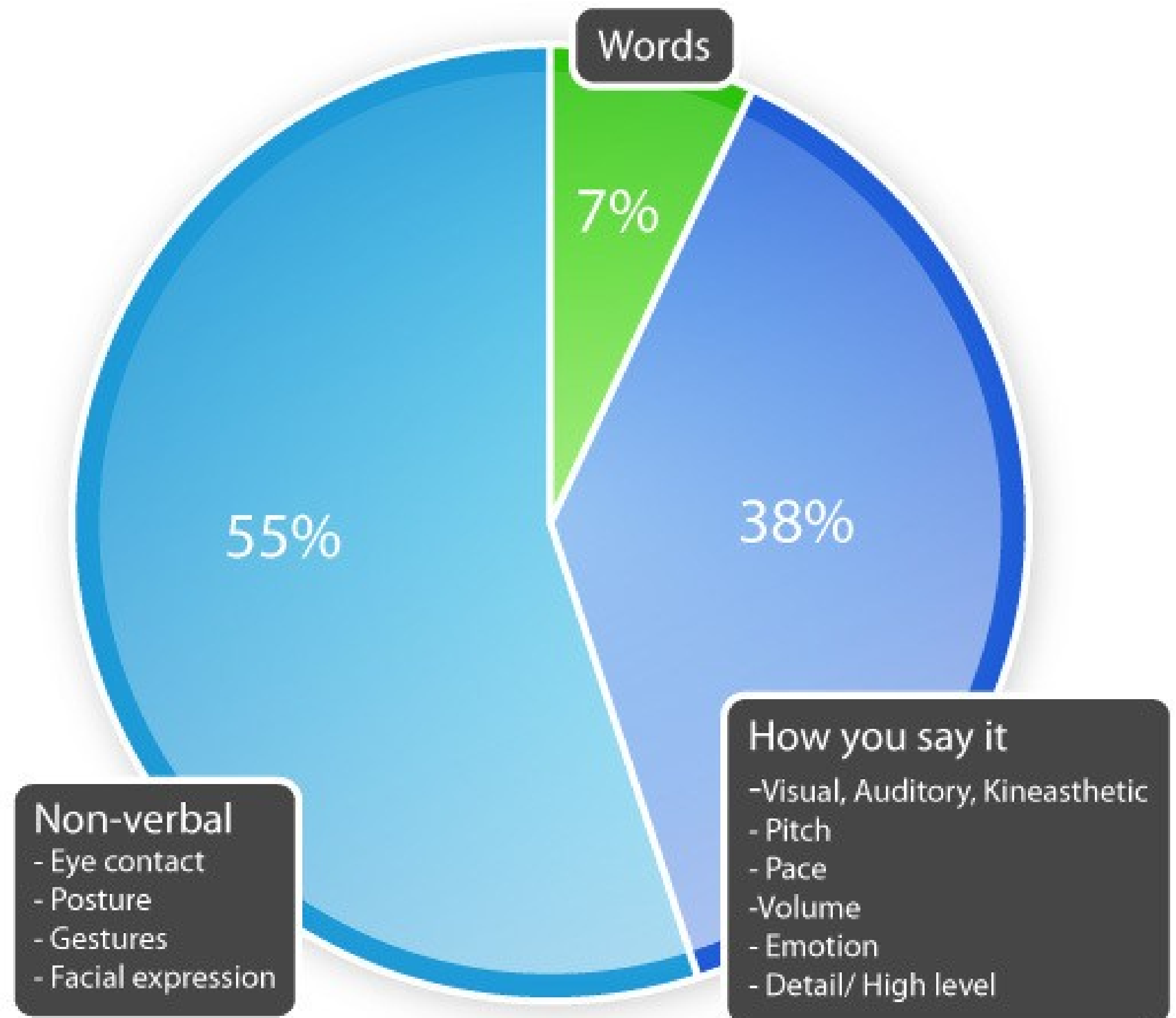


It is basically using calm language, along with other communication techniques, to diffuse, re-direct, or de-escalate a conflict situation.

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.

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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*

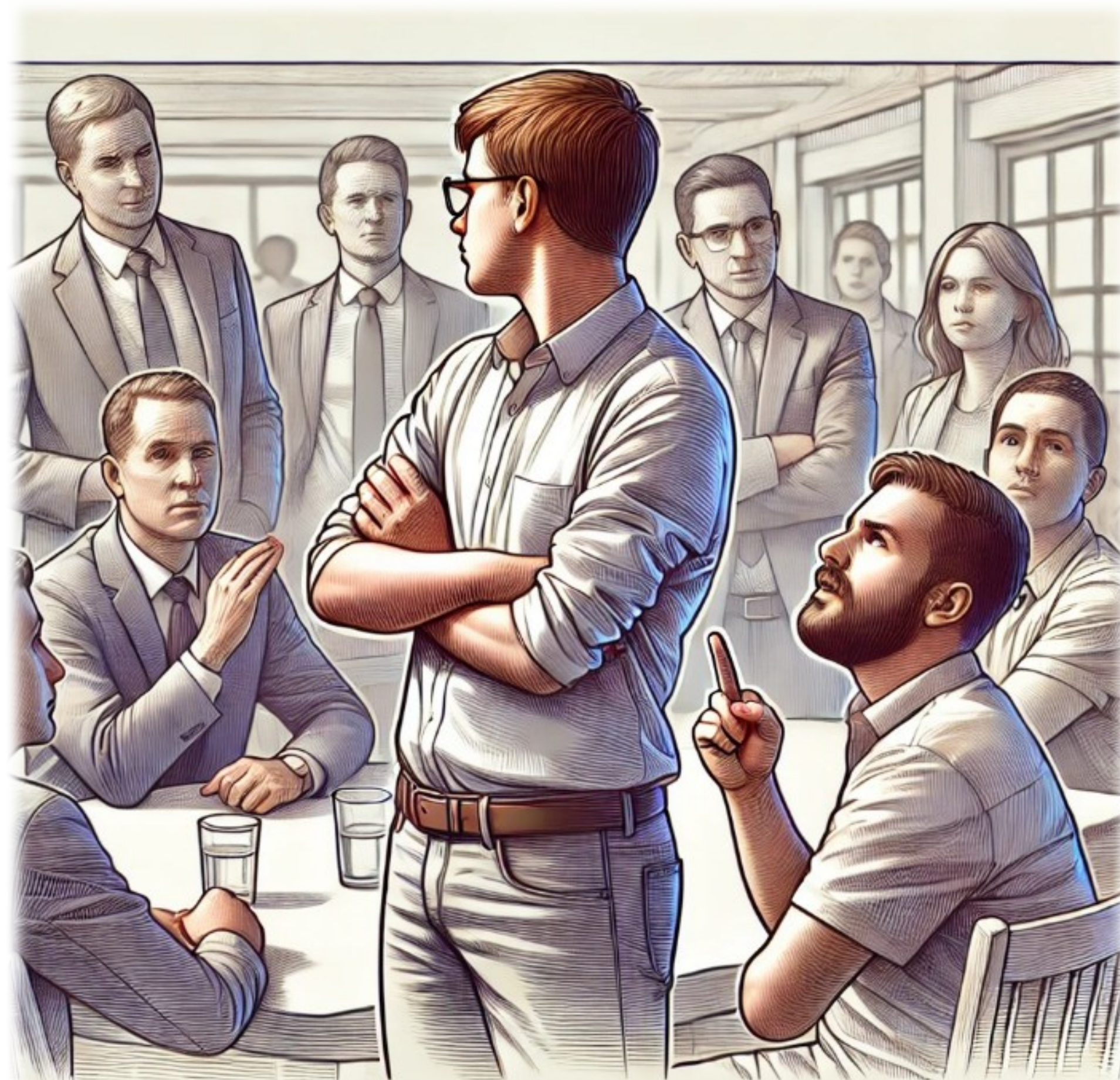
Reflective listening

- *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



Try to remove either the person or the audience

- *The person may escalate faster if the others are watching*

Seek help if you think this will escalate further

Check your own behavior and make sure you are in control

Increase distance between the person and yourself

Restate choices



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

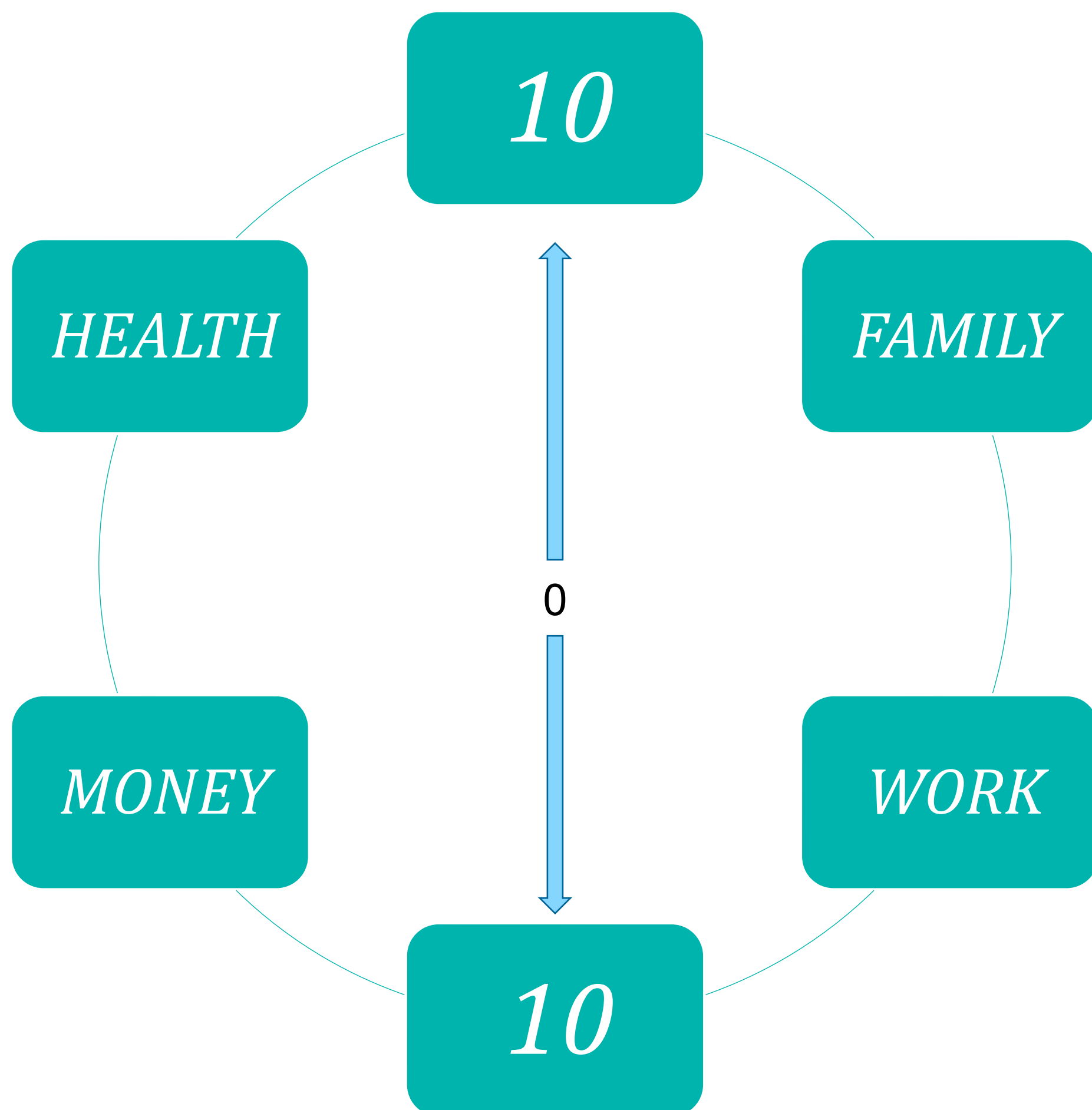
We must be aware and in control of our behavior to be effective in resolving conflicts

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

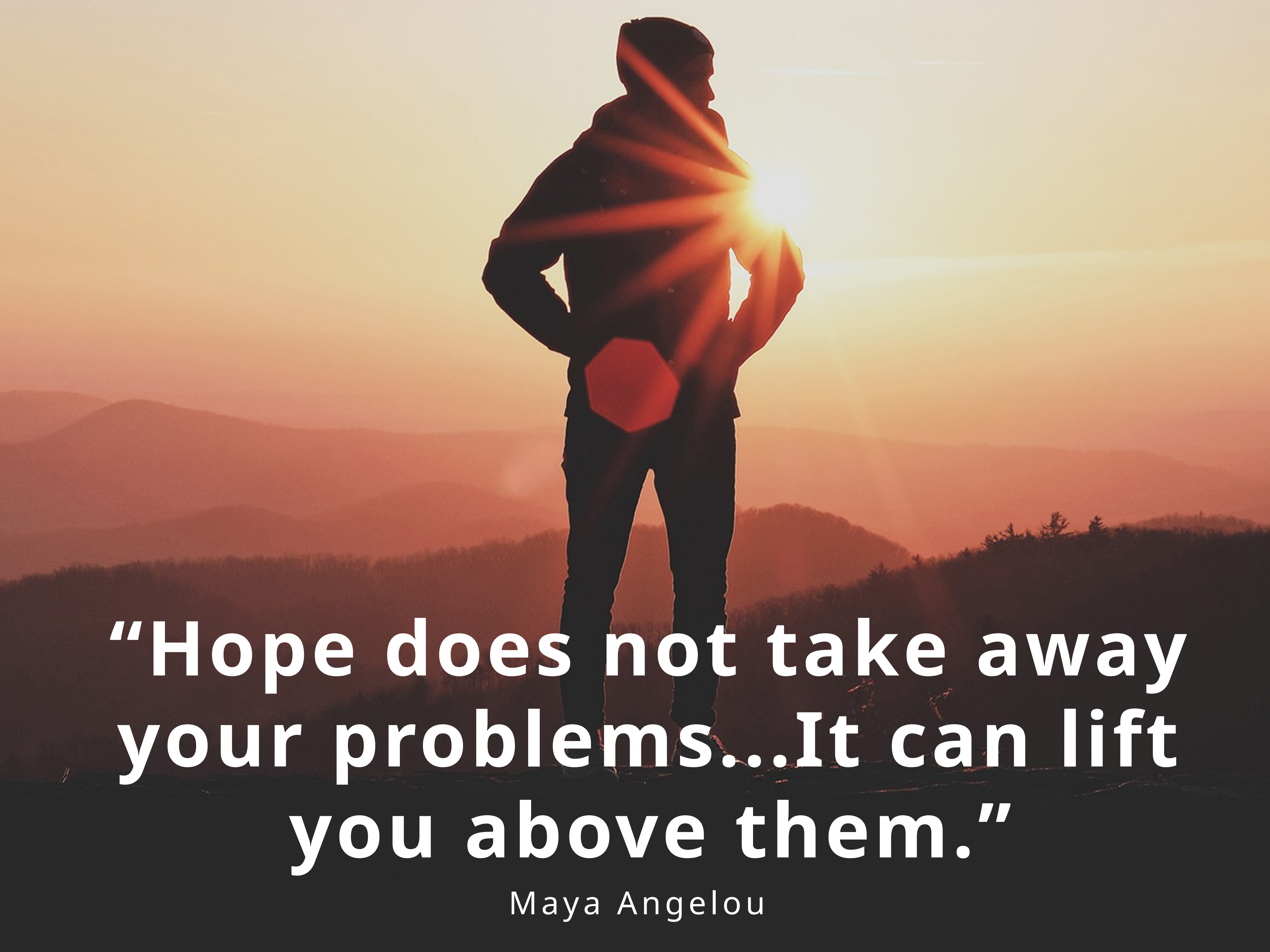
Self-Awareness



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!

