



# 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  
OPTIMIST  
**ANOREXIA**  
GRIEF  
STIGMA  
WORRIED  
RELATIONSHIPS  
TRAUMA  
IQ  
POST-TRAMATIC STRESS  
PSYCHOLOGICAL  
ATTITUDE  
TREATMENT  
EMOTIONS  
DRUGS  
COGNITIVE  
GENETIC  
PHOBIA  
**HEALTH**  
ANXIETY  
GRIEF  
ATTITUDE  
TREATMENT  
EMOTIONS  
DRUGS  
COGNITIVE  
GENETIC  
PHOBIA  
**SELF HARM**  
PSYCHOLOGY  
SUICIDE  
POSTPARTUM  
CRISIS

What emotions are being conveyed?

Attraction  
Believe  
Change  
Control  
Dream  
Energy  
Faith  
Gateway  
Helpful  
Hope  
Inspired  
Loving  
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.

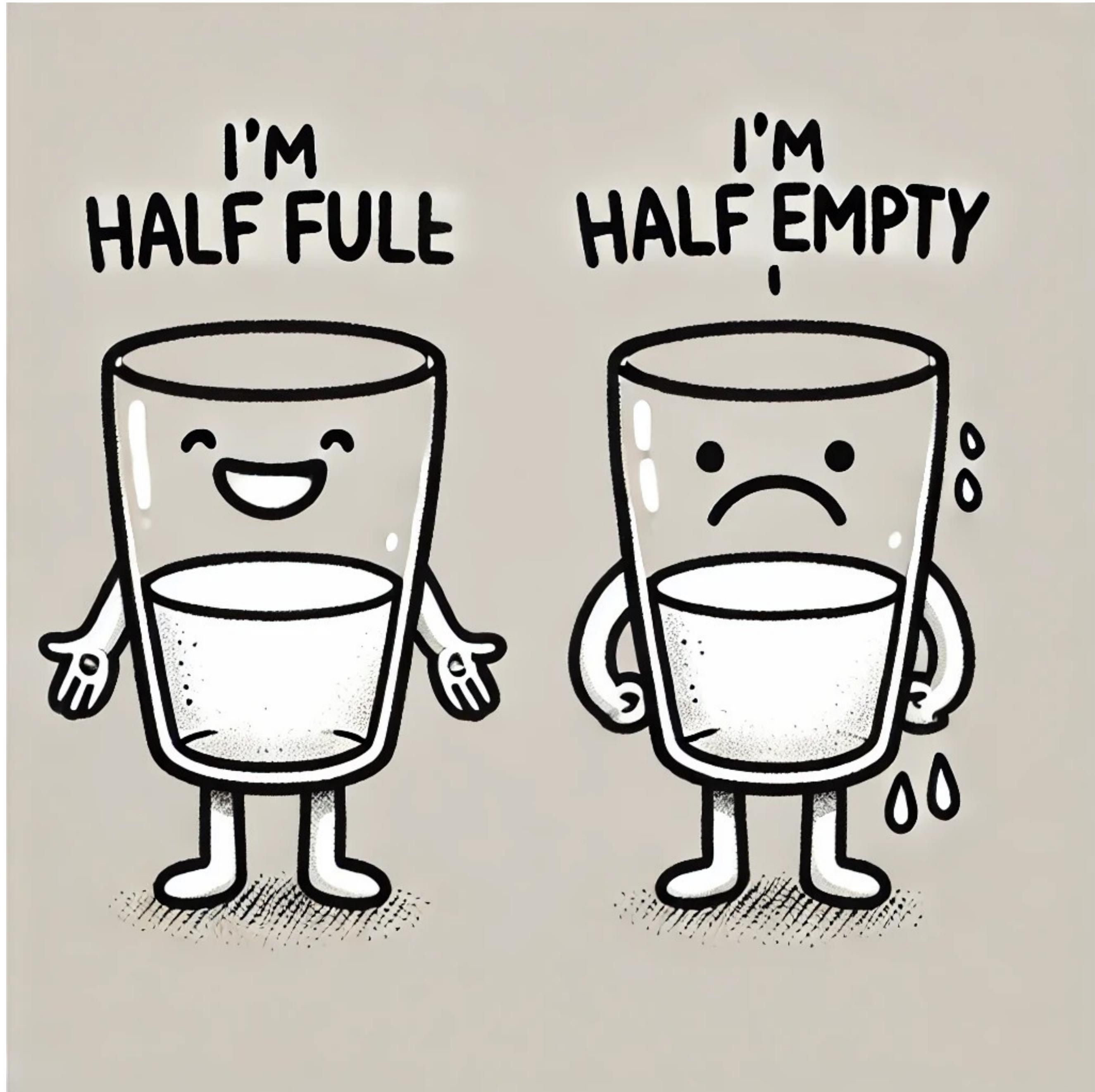
Questions: Knowledge Check #1

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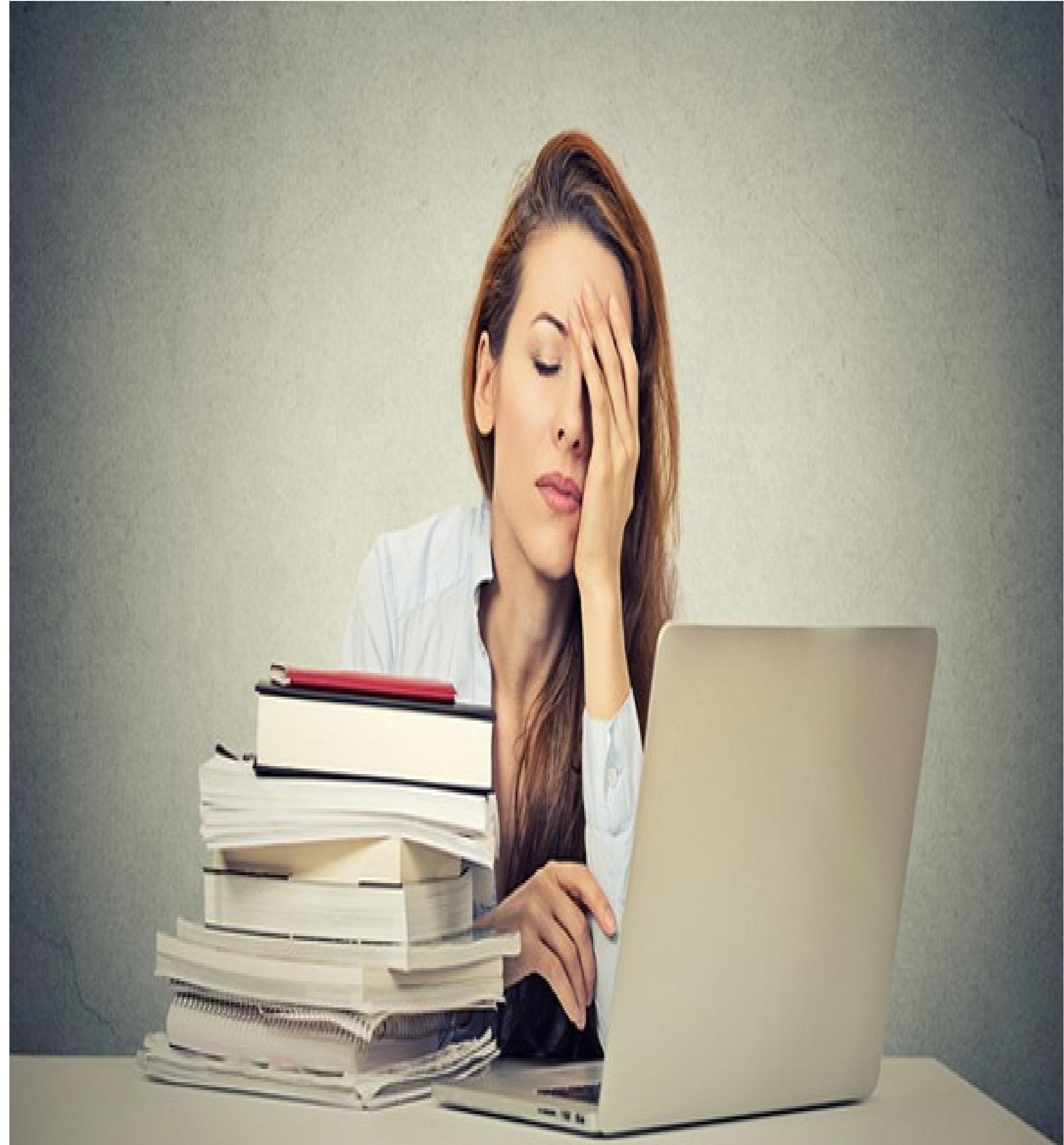




- Compassion Fatigue

- *“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

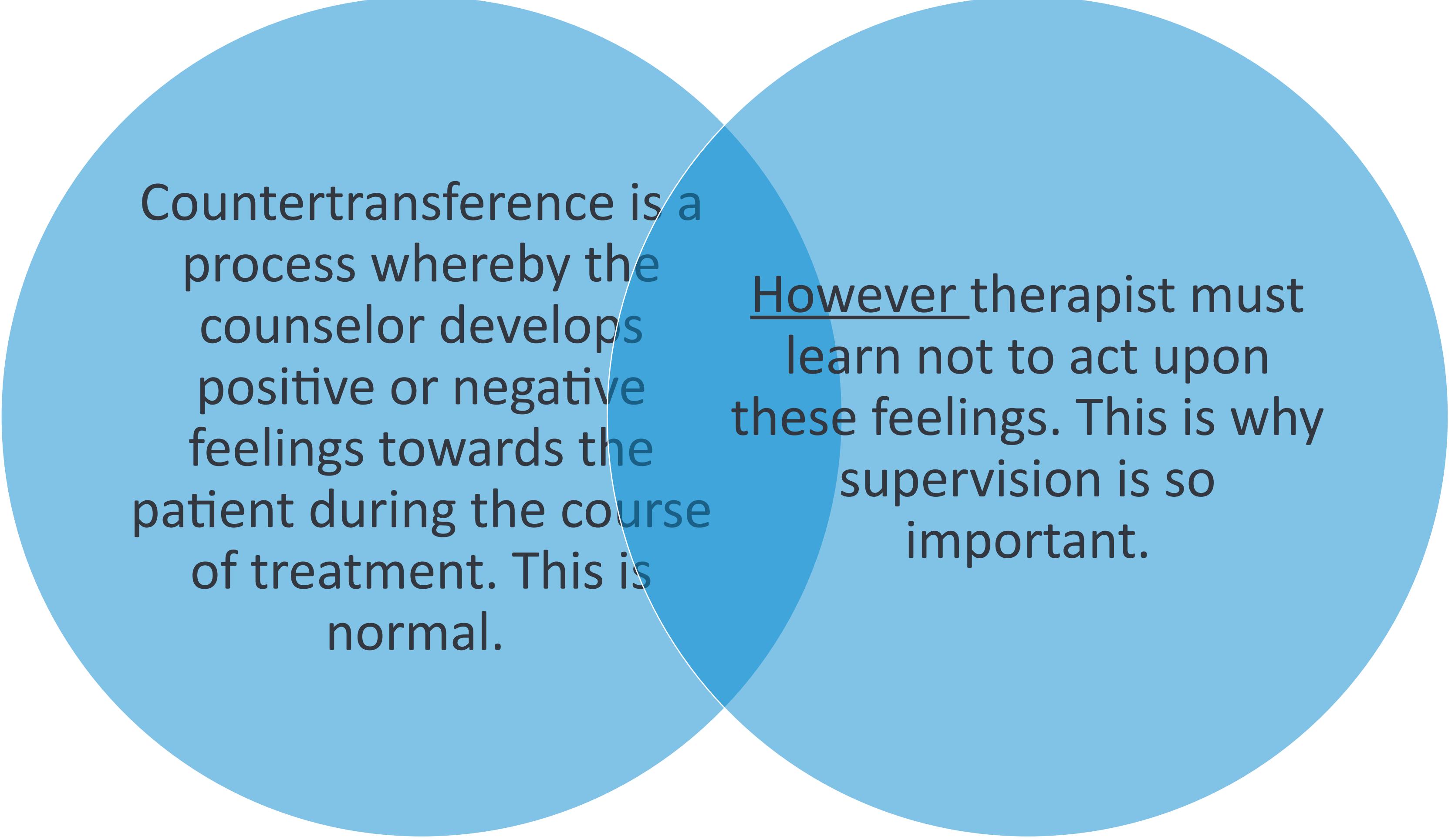
## Ethics vs. Morals

- 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

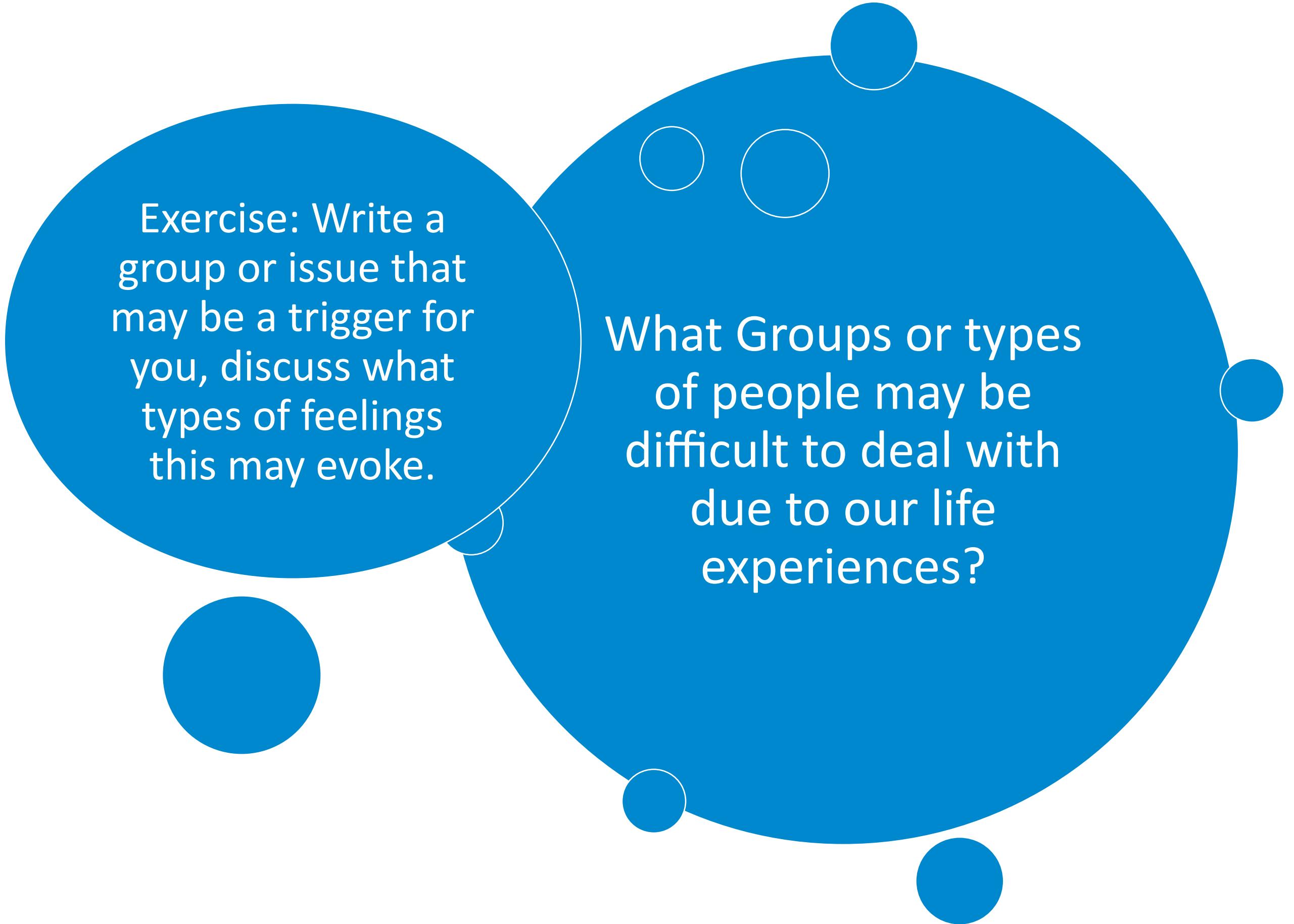
# Countertransference

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?...



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

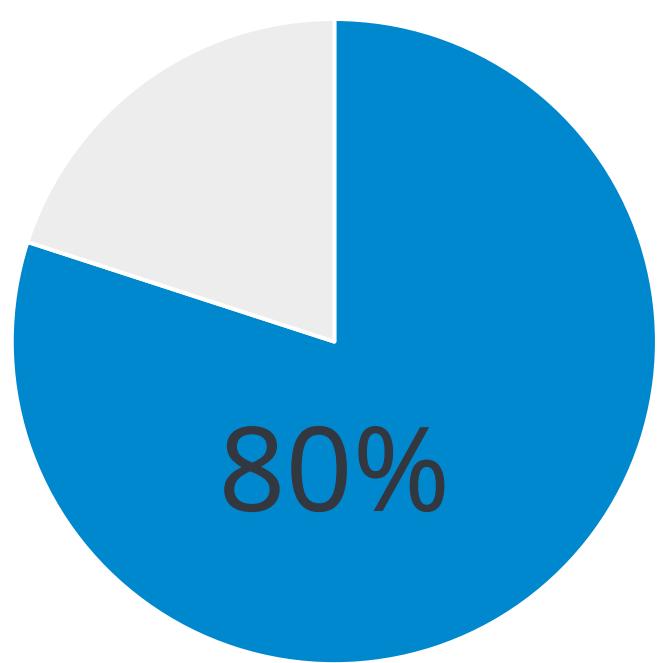
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Answers: Knowledge Check #2

# 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*

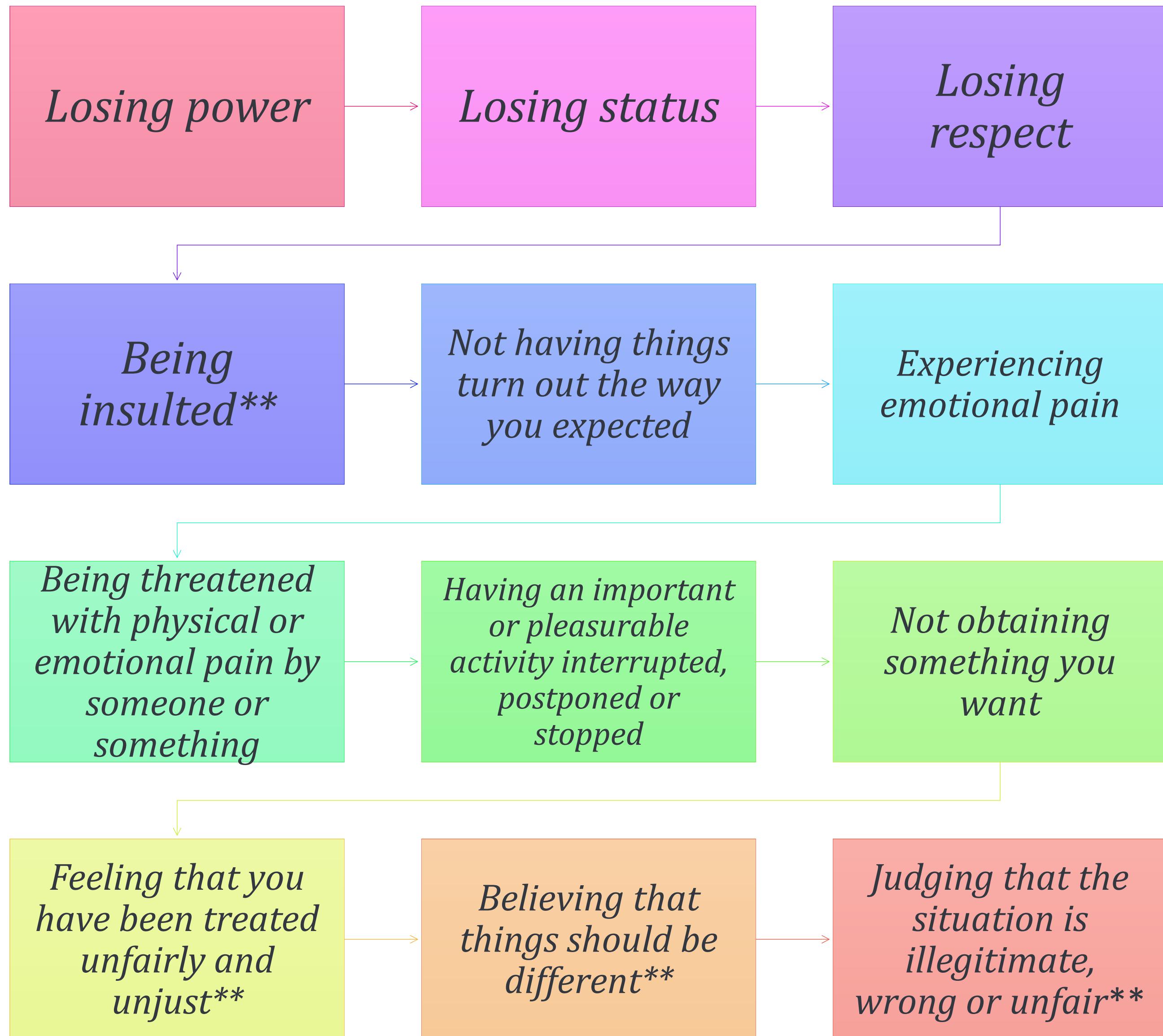
*Muscles  
tensing*

*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?

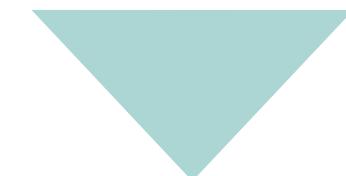
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Answers: Knowledge Check #3

# What Is Verbal De-escalation?



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

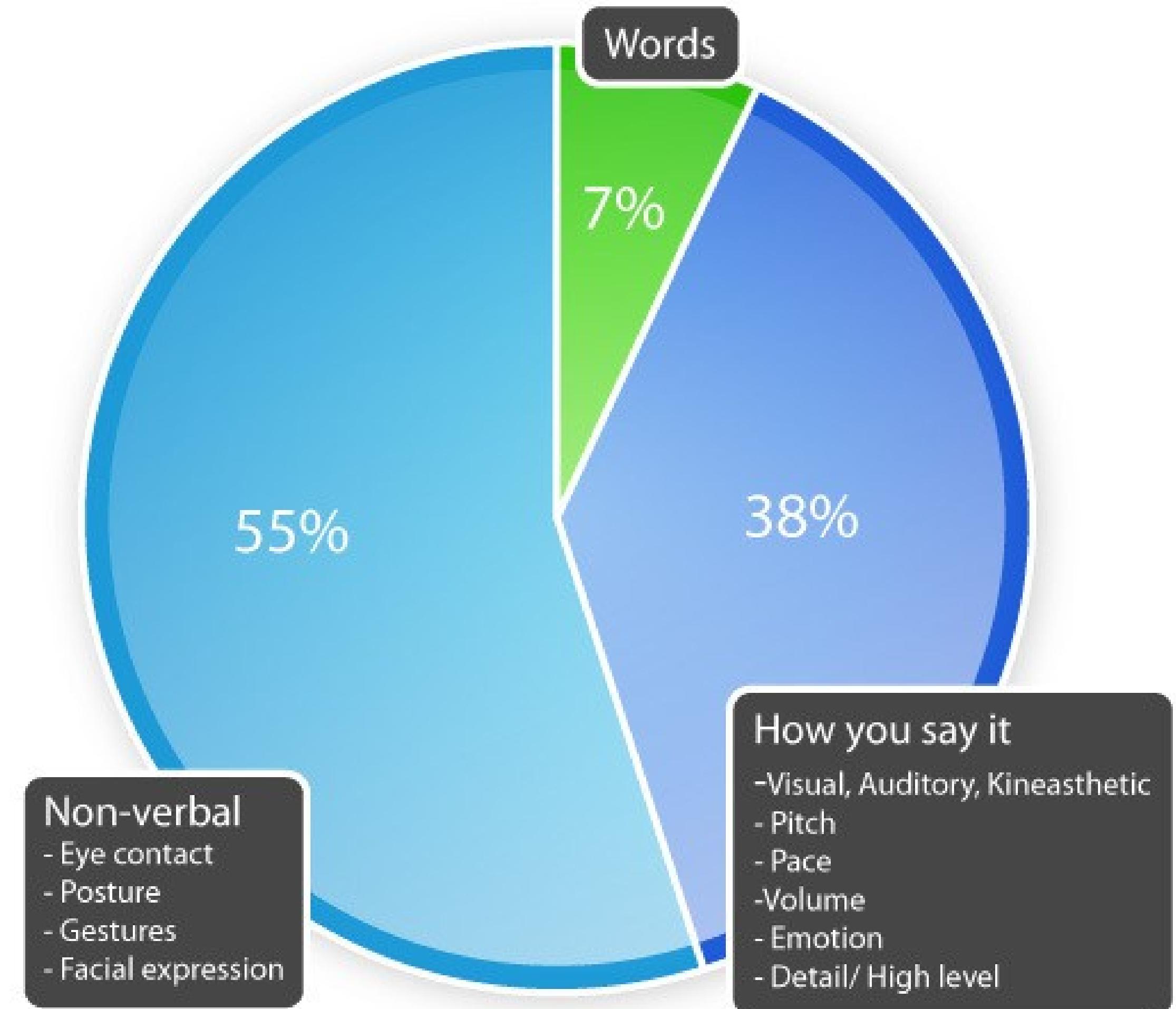


*It is basically using calm language, along with other communication techniques, to diffuse, re-direct, or de-escalate a conflict situation.*

# 3 Aspects of Communication

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

*Which has most influence?*



Non-verbal

- Eye contact
- Posture
- Gestures
- Facial expression

- *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?

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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*

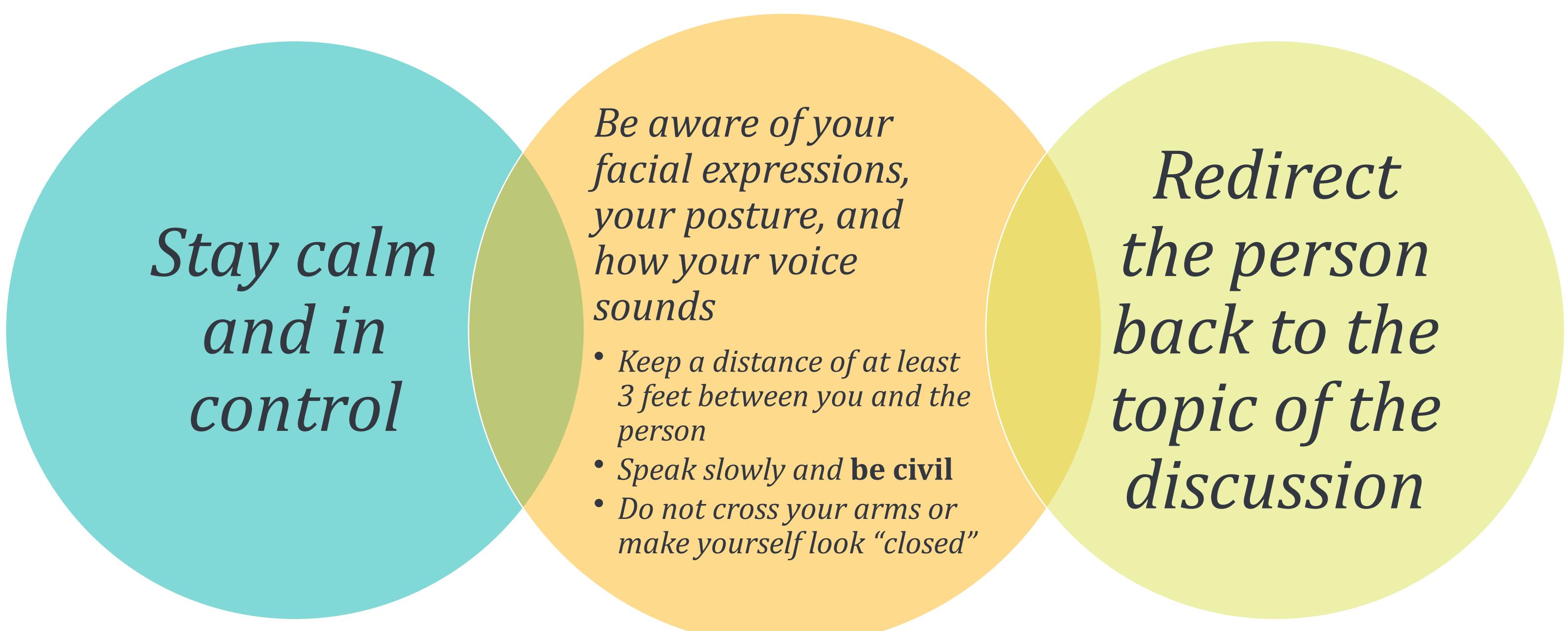
# Resistance (Back Talk)

*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



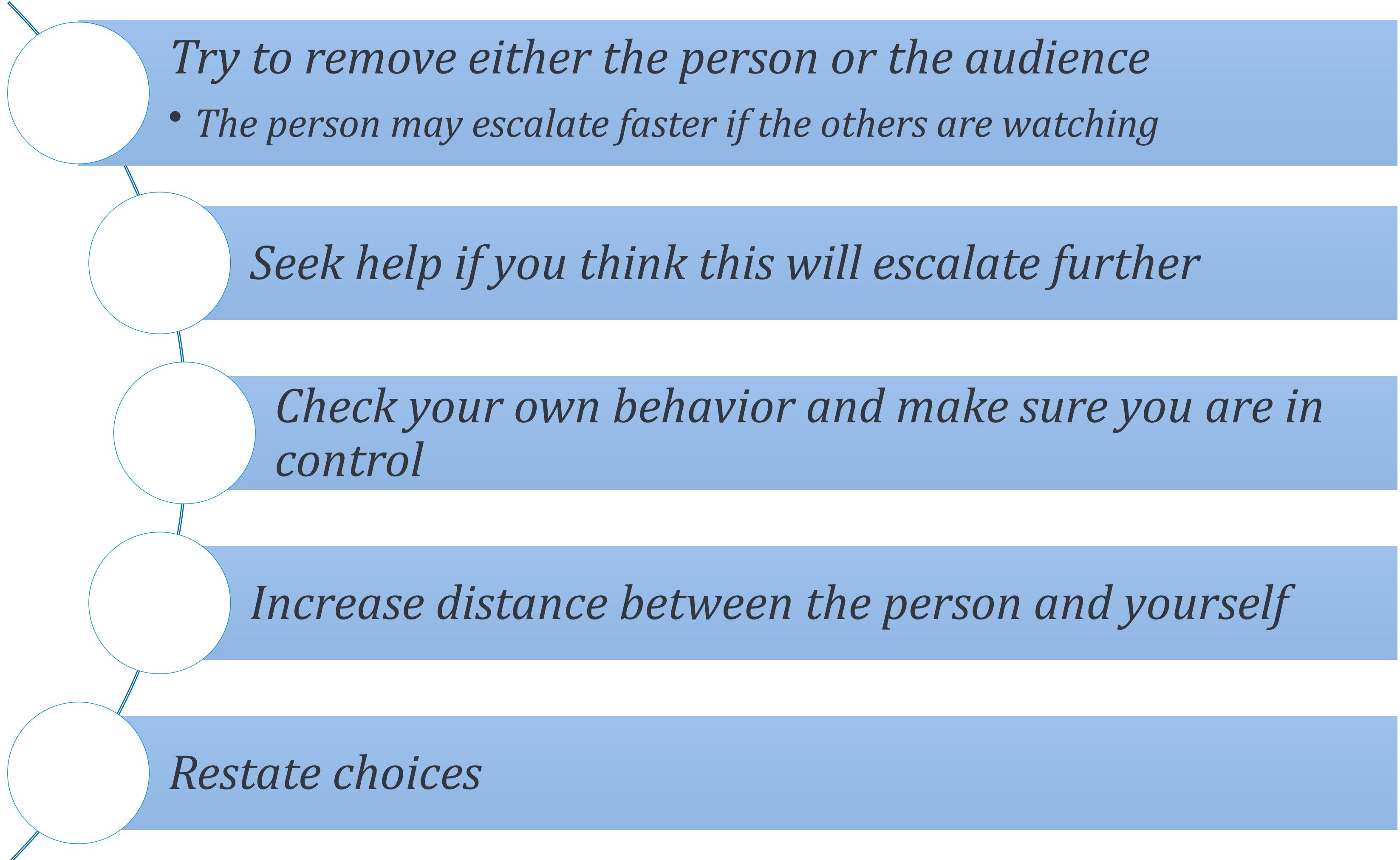
*The person is attempting to directly challenge your authority*

*“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”*

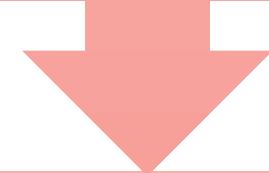


*If the  
outburst is  
physical*

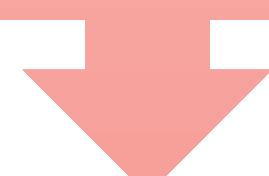
- *Remove the other bystanders from the room*
- *Keep safe distance and attempt to maintain visual contact with the person*
- *Get assistance up to and including calling the police if necessary*

# Calming Down / Opportunity for Learning

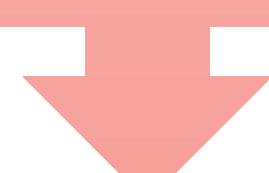
*Usually represented by being quiet, lack of energy, sometimes crying, moving to a protected area, etc.*



*Give the person space and time to calm down*



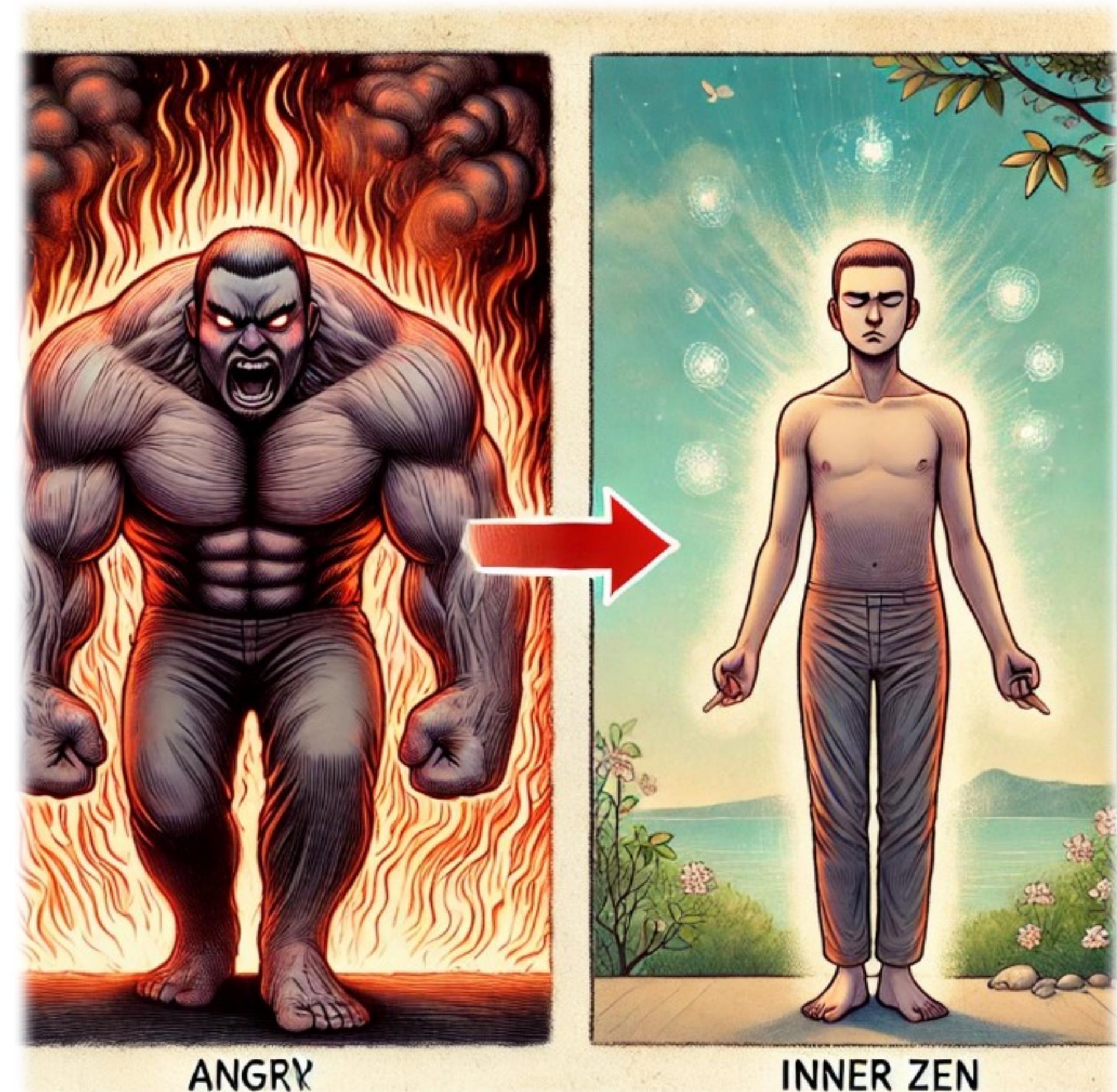
*Quietly offer support*



*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*

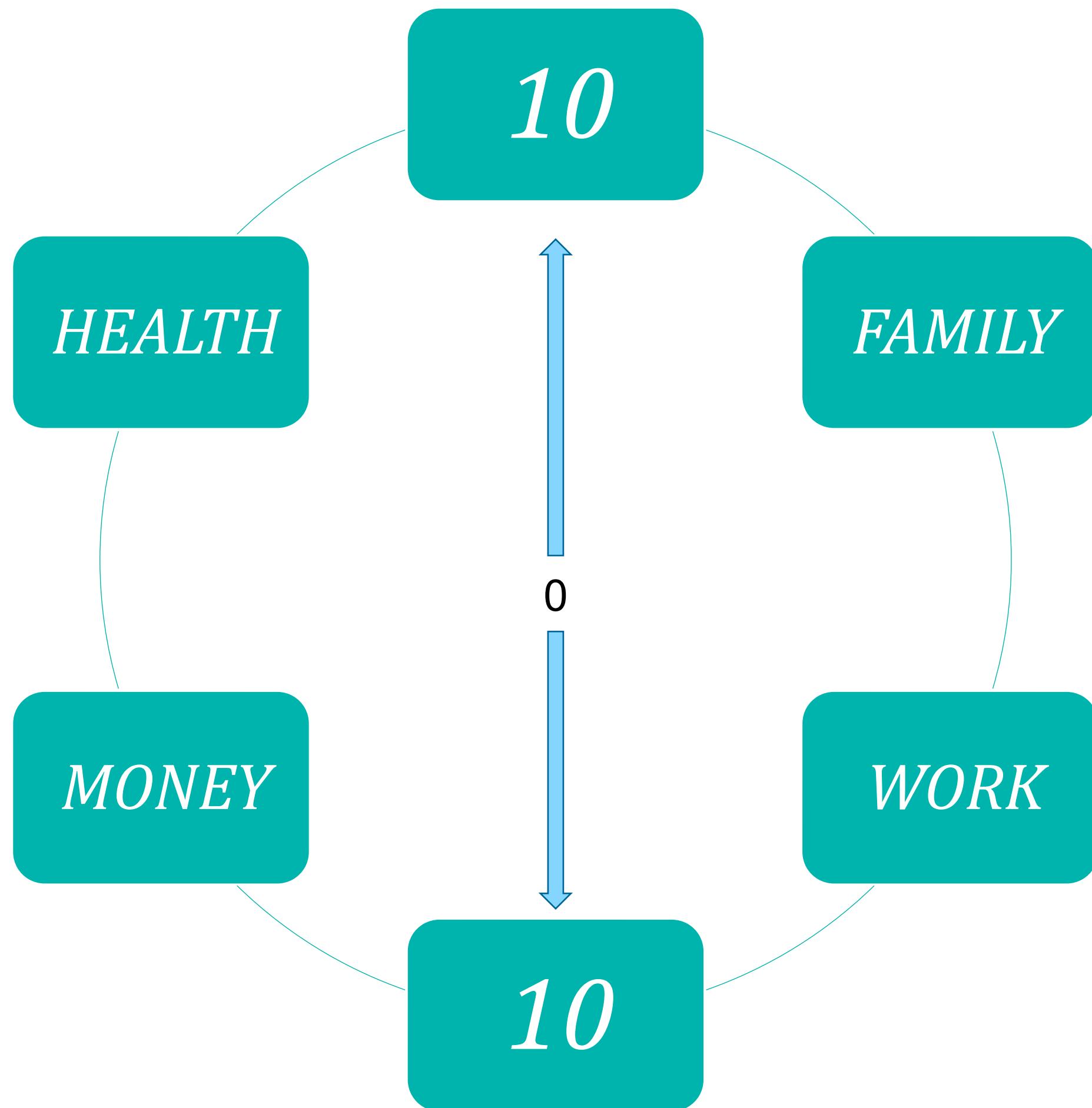
*We must be aware and in control of our behavior to be effective in resolving conflicts*

*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*

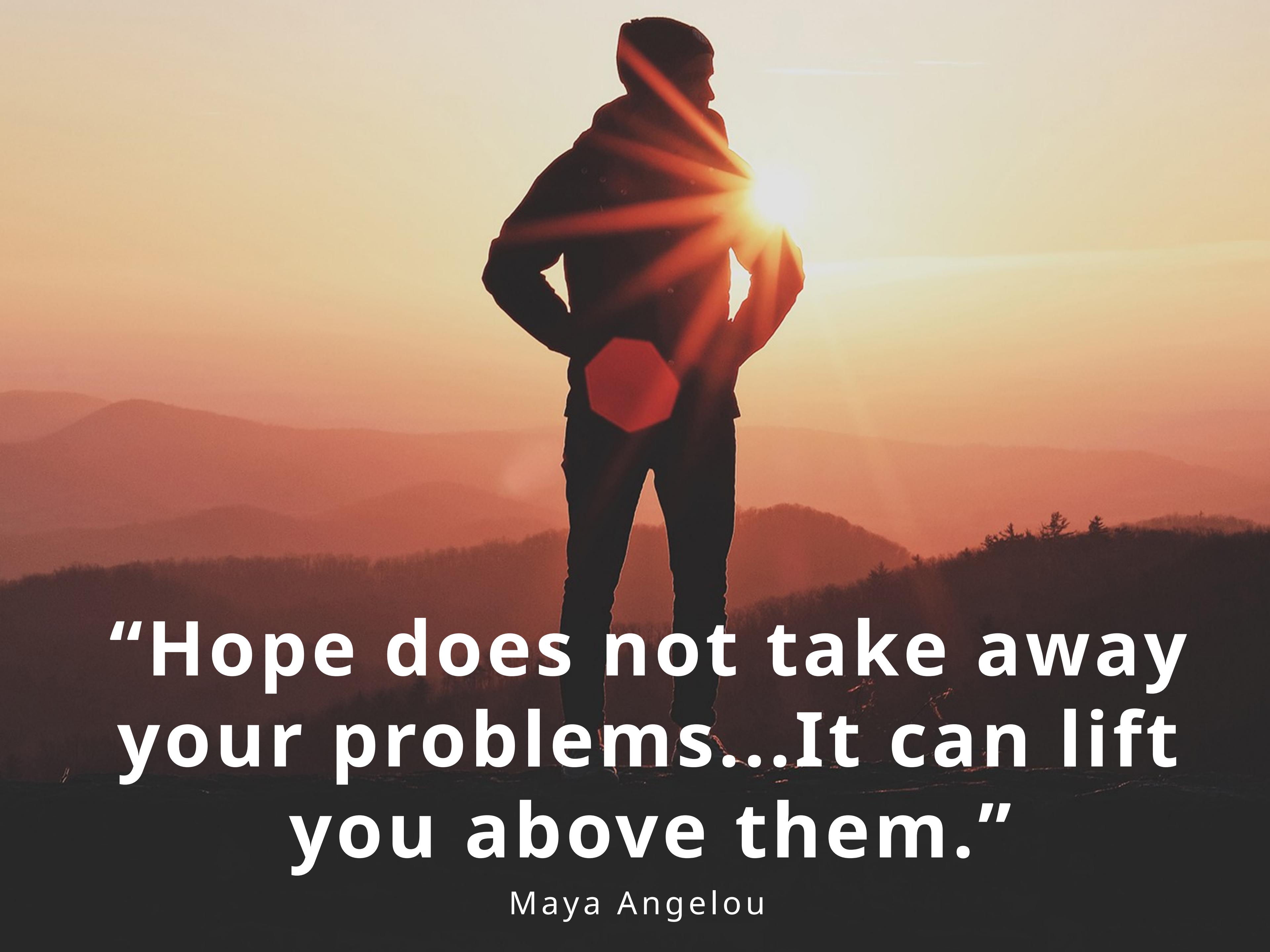
*Work*

*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!

