



# De-escalation Techniques, Seclusion, and Restraint

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# Learning objectives

1. Recognize early warning signs and symptoms of client exhibiting aggressive and violent behavior.
2. Explain the importance of managing violence and aggression as part of clinical safety measures.
3. List the significance of De-escalation technique and Debriefing sessions in violence and aggression management.
4. Simulate basic practical exercises in breakaway, and restraint methods.
5. Value ethical considerations while maintaining personal safety and providing violence and aggression management to client.



# Warning signs of aggressive and violent behavior

- Anger
- Restlessness
- Tense face and body
- Verbal or physical threats
- Over-reaction to environment stimuli
- Panic level of anxiety which leads to misinterpretation of the environment.
- Disturbed thought process



# Assessment

## 1. Assess the client risk for violence

- violent wishes or intention to harm others
- plan
- availability or means to carry out plan

## 2. Assess situational characteristics

- availability of potential victims
- access to weapons
- stressors



# Assessment

3. Assess self for defensive response or taking clients anger personally, which may accelerate the anger cycle.

- are you responding aggressively towards the client?
- are you avoiding the client?
- are you suppressing or denying your anger

4. Assessment history components

- previous history of violence
- Paranoia
- Manic stage
- experiences command hallucinations





# Observations

## Verbal threats

- acknowledge the threat and should be taken seriously

## Ritualistic repetition

- be aware when the patient repeats the same thing over and over again until he becomes agitated

## Depersonalizing language

- be careful when verbal abuse is used such as using of demeaning language. This can signal that you are being "made ready" for an attack.



# Observations

## Non-verbal cues

- agitation, restlessness, making frequent movements, threatening gestures and provocative behavior.
- Holding the gaze-eyeballs-to eyeballs will signal confrontation
- invasion of "personal space"
- banging table or throwing chairs, in clenched fists
- obvious facial muscle tension, poking fingers or pushing
- towering posture; unusual or inconsistent behavior (e.g., talkative patient who becomes quiet and withdrawn)



# Tips in communicating with the client

- always minimize personal risks such as staying away at least "one leg length" away from the client
- give client lots of space
- Set limits at the outset
  - use direct approach
  - describe the consequences
  - use indirect approach (e.g., *You have a choice, we may talk over this for you to calm down, take your medication or you may be restrained and let you relax or sleep until you are less anxious.*)





# Factors contributing to aggression

- Feeling threatened
- Feeling frustrated
- Feeling afraid
- Feeling rejected
- Feeling inferior
- Feeling willed or forced



# Risk factors contributing to aggression

- Environment
  - over-stimulation
  - overcrowding
  - poor ventilation
  - inadequate facilities
- Lack of stimulation and channels for expression
  - inadequate recreational activities
  - too little or no contact with staff
  - too little or no opportunity to discuss problems or to express frustrations



# Risk factors contributing to aggression

- Movement restrictions
  - restriction of freedom/movement placed on patients. The patient may act on his frustrations
- Medications
  - inadequate dosage or changes in dosage
- Psychotic phenomena
- Organic factors
  - for example is a client's low threshold on frustration



# How do you know when you are being personally or physically threatened?

- You will know it when it happens to you.
- You will "feel" it.
- Trust your instincts.

**NOTE:** When a potentially violent situation threatens to erupt on the spot and no weapon is present, verbal de-escalation is appropriate





# De-escalation

Is a technique used during potential crisis situation in an attempt to prevent a person from causing harm to us, themselves or others

It is **NOT**:

- A teaching opportunity ( but chance to learn )
- A guarantee that bad behaviors will stop
- Something you will only ever have to do once



# Verbal De-escalation

- Is what we use during a potentially dangerous, or threatening, situation in an attempt to prevent a person from causing harm to us, themselves or others.
- Without specialized training, we should never consider the use of physical force.
- Verbal De-escalation consists of tactics to help limit the number of staff who might be injured on the job.



# Tips for verbal de-escalation

- Control your self
  - Appear calm. Relax your facial muscles and look confident
  - use a modulated, low monotonous tone of voice. We tend to have a high pitched tight voice when scared.
  - speak slowly



# Tips for verbal de-escalation

- Physical stance
  - Never turn your back
  - be at the same eye level
  - allow extra physical space between you and the client
  - do not stand full front to the client. Stand at an angle so you can sidestep away if needed.
  - Do not maintain constant eye contact. This can be perceived as a threat by the client.





# Tips for verbal de-escalation

- Remember that there is no template in verbal de-escalation except trying to calmly bring the arousal down to baseline.
- Do not get loud or try to yell over a screaming client.
- Respond selectively. Answer all informational question no matter how rudely asked.
- Do not respond to abusive questions or statements made by the patient.
- Explain limits and rules in authoritative, firm, but always in respectful tone



# Tips for verbal de-escalation

- Empathize with feelings but not with the behavior. (e.g., *I understand that you have every right to feel angry, but it is not okay for you to threaten me or my staff.*)
- Do not argue with the client
- Tap into the client's cognitive mode: DO NOT ask "Tell me how you feel". But: Help me to understand what you are saying to me"



# Tips for verbal de-escalation

- Be an empathic listener
  - Do NOT be judgmental.
  - Do NOT ignore the person or pretend to be paying attention.
  - Listen to what the person is really saying.
  - Re-state the message.
  - Clarify the message.
  - Repeat the message.
  - Validate -- “I understand why...” (Not in agreement with...)



# Tips for verbal de-escalation

- Be aware of your body language
  - for example: Shoulder shrugging may seem uncaring or unknowing, Jaw set with clenched teeth shows you are not open- minded to listening to his/her side of the story.
  - One eyebrow raised = “strictness, Eyes open wide = “surprise”, A hard stare = “threatening gesture”, Closing eyes longer than normal = “I’m not listening” and/or “Change your message!”





# Tips for verbal de-escalation

- Personal Space
  - Invasion of personal space tends to heighten or escalate anxiety. **Note:** Personal space is usually 1.5 to 3 feet, far enough away so you cannot be hit or kicked.
  - Do not touch a hostile person they might interpret that as an aggressive action.
  - Keep your hands visible at all times -- you do not want the other person to misinterpret your physical actions.



# Tips for verbal de-escalation

- Things NOT to do!
  - Avoid becoming emotionally involved -- control your emotions at all times.
  - Avoid engaging in power struggles.
  - Avoid becoming rigid in your process.
  - Avoid telling the other person that you “know how he or she feels.”
  - Avoid raising your voice, cursing, making threats, and giving ultimatums or demands.
  - Avoid aggressive language, including body language.
  - Do not attempt to intimidate a hostile person.



# Non-verbal De-escalation

- Simply listening
- Distracting the other person
- Re-focusing the other person on something positive
- Changing the subject
- Use humor (sparingly) to lighten the mood (be very careful with this!)
- Motivating the other person
- Empathizing with the other person
- Giving choices
- Setting limits



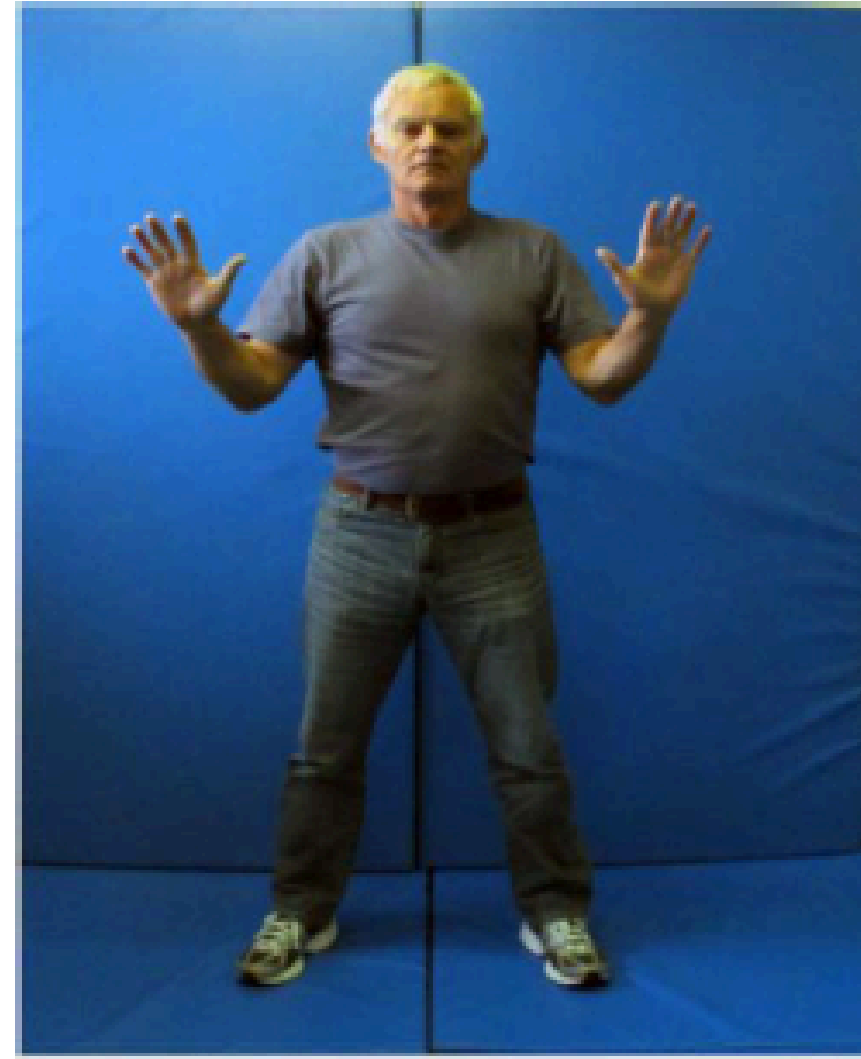
# Break-away Techniques





## Safe Postures and Stances

### A. Open palm posture

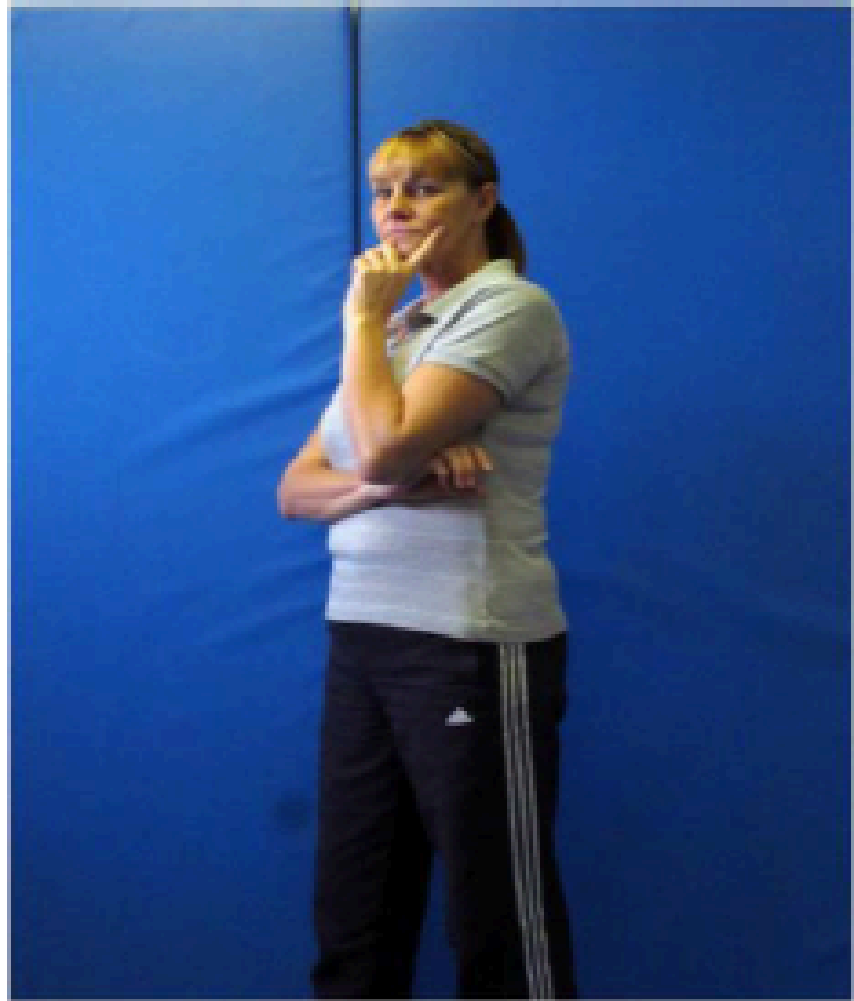


A. Keep palms open and widen your stance.

\*Keeping palms open would indicate a non-threatening behaviour and wider stance keeps balance.



### B. Cup the chin



B. Cup the Chin – Keep one foot forward while cupping the chin with one hand.

### C. Protective posture



C. Protective posture – keep both arm in front with palms open.



1. **SCOOPING HANDS INWARD ROTATION** - Once the patient grabs both of your hands, position yourself one foot forward or back. Cup both hands facing you, and scoop quickly towards you. Then proceed to protective posture.



2. **UP THROUGH THE MIDDLE** - Position yourself one foot forward, and turn both hands creating a circle towards the middle. Push both/the hand away and proceed to protective posture.

*Note: this is applicable if you are grabbed on a/both wrists and upper arm.*





3. **PEEL AWAY INWARD ROTATION** - Position yourself, and grab the patient's side of the palm and wrist with one hand. Twist the hand forcing the patient to turn his/her back. Push the patient a little and proceed to protective posture.

*Note: This is applicable if you are grabbed with one hand or two, upper hand grab and choked*



## **SINGLE HAND/ TWO HANDED STRANGLE IN CIRCLE: Step**

forward then turn to the side to maintain pressure on the neck of the throat area. Then lift your arm up as much as you can and then move it down which make pressure on the patient arms.



9. **Choke hold:-** place your hand on the top of one elbow and underneath on the other. Then by push down and push up motion we twist the attacker away from us.



**11. TWO HANDED STRANGLE X:** Cross your hand and place your hand in the patient's forearm or wrist, and then push out to the side.





## 17. Release from Bite

- a. **Bite thumb and fore finger together twist** \*Causes discomfort &/ Pain
  - Once you are bitten, don't pull your hand. Push the hand towards the patient creating an opening and twist the lower lip with thumb and forefinger.



- b. **Bite finger thumb either side of mouth push in** \*Causes discomfort &/ pain
  - Once you are bitten, don't pull your hand. Push the hand towards the patient creating an opening and press with thumb and forefinger the maxillary area.



### 3. ULTIMATE LOCK

- While patient's arm is on his back with the hand pushed forward, grab the patient's thumb and the meaty part of the palm using the opposite side of your arm (Patient's Left arm – member's right arm and vice versa)
- With your free hand, support the patient's shoulder
- Rotate the arm towards the patient to secure it in front (As shown below)

**Note:** Make sure that your palm is on the dorsal part of the patient's hand still grabbing the thumb and meaty part of the patient's palm.



## References

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