E.D.I.T.

Emergency De-Escalation and Intervention Training
Topics Of Conversation

- Types Of Mental Illness
- Communication Skills
- Prevention of Aggression
- Verbal and Nonverbal Interventions
Different Types of Mental Illness

- Dementia
- Schizophrenia
- Bipolar Disorder
- Borderline Personality Disorder
Dementia

- Dementia is the loss of mental functions, such as thinking, memory, and reasoning, that is severe enough to interfere with a person's daily life.
Common causes of Dementia

- Degenerative neurological diseases
- Vascular disorders
- Traumatic brain injury
- Infections of the CNS
- Chronic alcohol or drug use
- Depression
Acute behaviors of Dementia

• Anxious
• Suspicious of others
• Memory loss
• Refusing to eat
• Refusing medications
• Mood swings
• Angry outbursts/physical threats
• Unable to process information
Schizophrenia

- A severe mental disorder characterized by unpredictable thoughts and behavior and withdrawal from reality.
Symptoms of Schizophrenia

- **Positive symptoms** include hallucinations, delusions, thought disorder and disorders of movement.
- **Negative symptoms** include flat affect, lack of pleasure in life and diminished ability to initiate and sustain planned activity.
Symptoms of Schizophrenia

- Cognitive Symptoms include poor executive functioning, inability to sustain attention and problems with working memory.
Bipolar Disorder

• A mood disorder sometimes called manic depression that characteristically involves cycles of depression and mania.
Signs of Mania

- Increased energy and activity
- Excessively euphoric mood
- Extreme irritability
- Racing thoughts, Rapid speech
- Lack of concentration
- Unrealistic beliefs in one’s abilities
Signs of Depression

- Lasting sad, anxious or empty mood
- Feelings of hopelessness
- Feelings of guilt or worthlessness
- Loss of pleasure in activities once enjoyed
- Decreased energy
- Difficulty concentrating or making decisions
- Restlessness or irritability
- Thoughts of death or suicide or suicide attempts
Borderline personality

• A serious mental illness characterized by pervasive instability in moods, interpersonal relationships, self image and behavior
Symptoms of Borderline

- Bouts of anger, depression and anxiety that may last only hours or at most a day.
- Episodes of aggression, self injury and drug or alcohol abuse.
- Distortion in cognition and self.
- Feelings of being mistreated or misunderstood unfairly.
- Highly sensitive to rejection.
- Unstable social relationships.
- Impulsive behaviors such as risky sex.
Communication Skills

• The Greatest Illusion of Communication is that it has been achieved.

George Bernard Shaw
Elements of Interpersonal Communication

- Communication effectiveness is not determined by what you say, but by how you say it and by what people see.
- Five essential elements of communication.
- Active listening skills
- Barriers to listening
Communication As A Tool

- Communication is an ongoing, ever present process; it is impossible not to communicate.
- Mehrabian calculated that only 7% of our impact on our audience comes from the words we speak; 38% comes from vocal qualities and 55% from the visual or nonverbal part of our communication.
Interpersonal Communication

- Interpersonal communication occurs when two or more people exchange information.
- Essential elements involved in this process:
  1. Sender
  2. Message
  3. Method of transmission
  4. Receiver
  5. Response
Active Listening Skills

• Make Eye Contact.
• Face the Speaker.
• Position Squarely in front of Speaker.
• Lean Forward.
• Smile and Nod.
• Offer Short Encouraging Statements.
• Avoid Talking to Much.
Qualities of an Effective Communicator

• Objectivity
• Self-Disclosure
• Warmth
• Empathy
• Self-awareness
• Respect
• Genuineness
Barriers to Listening

- Advising.
- Arguing.
- Comparing.
- Mind Reading.
- Rehearsing.
- Filtering.
- Dreaming.
Non-Therapeutic Communication

- Transference
- Counter-Transference
- Inappropriate Body Language
- Undefined Boundaries
- Belittling
- Scolding or Blaming
Preventing Aggression

• **Types of Aggression**

1. Instinctual Aggression.
2. Accidental Aggression.
3. Deliberate Aggression.
Factors in predicting the degree of dangerousness

- Amount of violent intent expressed
- Openness of violent threats
- The client's understanding of the situation
- Specificity and availability of intended victim
- Expression of violent impulse
- Acute or chronic nature of the impulse
- Presence of psychosis, organicity, or intoxicants
5 Key Emotions Contributing to Aggression

- Anxiety
- Fear
- Anger
- Pain
- Illness
Anxiety Wave

- Mild Anxiety
- Moderate Anxiety
- Severe Anxiety
- Panic
Aggression Wave

- Nonverbal
- Verbal
- Acting Out
- Physical Acting Out
- Post Incident
Nonverbal Clues

- Apathy and emotional detachment
- Narcissistic preoccupation
- Diminished or disturbed affect
- Displaced affect
- Agitation
- Posture
- Body Language
- Inability to concentrate or focus
Verbal Clues

- Changes in pitch or volume
- Criticism or sarcasm
- Threats
- Profanity
- Refusal to communicate verbally
- Making demands
Acting out Clues

- Testing Limits
- Ignoring verbal requests
- Interpersonal conflicts
- Threatening gestures/Postures
Physical Clues

- Property Destruction
- Threats with or without weapons
- Physical attack on patients or staff
Post-Incident Helping Techniques

• Review the incident
• Do not place blame
• Discuss options
• Problem solve
• Give support
• Offer relaxation techniques
Verbal and Nonverbal Interventions

- Intervention means to come between the client and harm.
- There are no standard rules for intervention that apply in every situation.
- The best interventions are those that meet the needs of the client while exerting the least amount of control necessary.
Practice Prevention

- Know Your Clients
- Know Your Coworkers
- Know the Physical Environment
- Know Your Agency Procedures
Observation as an Intervention Tool

- Take comments seriously
- Note details of non-verbal and verbal behavior
- Use behavior description to provide feedback
- Use intuition
Verbal and Nonverbal Skills

- Control your voice and posture
- Use Active Listening
- Give and Receive Feedback
- Question Carefully
- Help Clients Problem-Solve
- Give Alternatives
- Set Limits
- Contain the Client
Stages of Anger

- Stage 1: Questioning
- Stage 2: Refusal
- Stage 3: Verbal Release
- Stage 4: Intimidation
- Stage 5: Blow Up
Why Interventions Sometime Fail

- Failure to detect the warning signs of potential violence.
- Lack of awareness of the reasons for and the meaning of the clients behavior
- Failure to communicate positive expectations to the client
- Staff members own anxiety, fear or anger
Win-Win Attitudes

• It will change my attitude about conflict.
• It will permit me to diffuse conflict that has already begun.
• It requires me to find a solution which allows both parties to win.
Empowering the Staff

- Show Respect to Get Respect
- Develop a Relationship with your co-workers
- Remember why we work in this field
- Solve conflict quickly and respectfully
Stress Coping Techniques

• Develop awareness of your stressors
• Practice your problem solving skills
• Take care of your health
• Take time to relax, exercise and socialize
Psychosis

• Symptoms of psychosis include.
  1. Hallucinations
  2. Delusions
  3. Confused thoughts
  4. Hard to understand speech
  5. Altered Emotions
  6. Unusual Behavior
Psychosis

- 7. Neglect of personal hygiene
- 8. Inability to function
- 9. Loss of interest in daily activities.
- 10. Memory problems
Suicide Risk

- E.D. Evaluation and Triage.
- 1 in 10 suicides are by people seen in an E.D. within 2 months of dying.
- Look for evidence of risk in all patients.
Signs of Acute Risk

1. Talking about or thinking about suicide.
2. Seeking lethal means to kill oneself.
3. No reason for living.
4. Anxiety or Agitation.
5. Insomnia
Signs of Acute Risk

- 6. Excessive or increased substance abuse.
- 7. Hopelessness
- 8. Withdrawal from family and friends.
- 10. Mood changes.
Other Factors

- Past Suicide Attempt.
- Triggering Events
- Firearms.
Suspected Acute Risk

• Ask regardless of chief complaint.
1. Have you ever thought about death or dying?
2. Have you ever thought that life was not worth living?
3. Have you ever thought about ending your life?
Suspected Acute Risk

4. Have you ever attempted suicide?
5. Are you currently thinking about ending your life?
6. What are your reasons for wanting to die and your reasons for wanting to live?
Suspected Acute Risk

- Use a non-judgmental, non-condescending, matter of fact approach when asking questions.
High Risk Patients

- Made a serious or near lethal suicide attempt.
- Persistent suicide ideation or intermittent ideation with intent and or planning.
- Psychosis, including command hallucinations.
High Risk Patients

- Recent onset of major psychiatric syndromes, especially depression.
- Recently discharged from an inpatient psych facility.
- History of acts/threats of aggression or impulsivity.
Moderate Risk Patients

- Suicide ideation with some level of intent, but have taken no action on the plan.
- No other risk factors.
- A confirmed active alliance with a mental health professional.
Low Risk Patients

• Some mild or passive suicide ideation, with no intent or plan.
• No history of suicide attempt.
• Available social support.