



**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 & 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.**

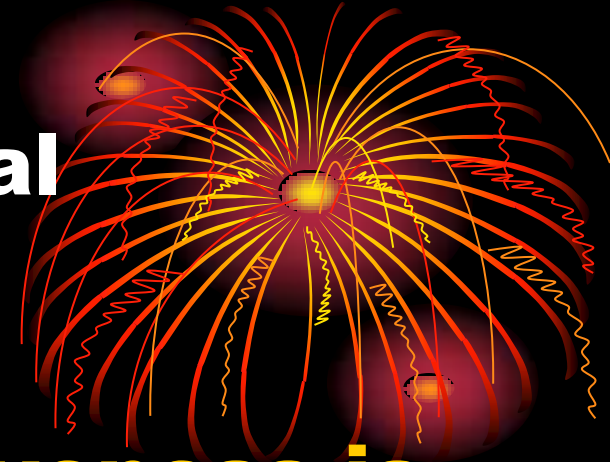
# Communication Skills

- **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**

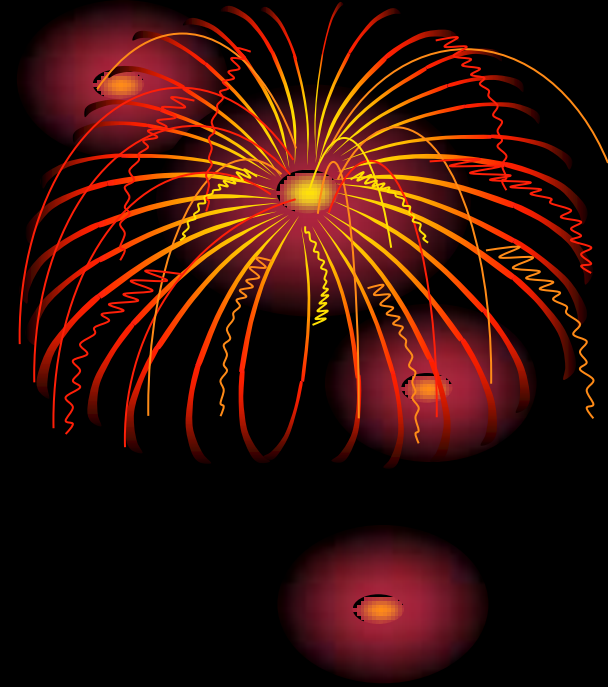
# Active Listening Skills



- **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**



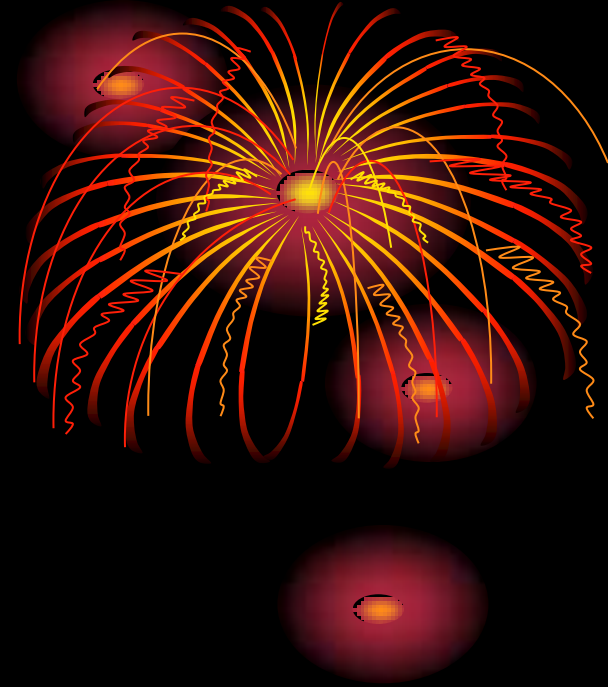
# Barriers to Listening

- **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 clients 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**



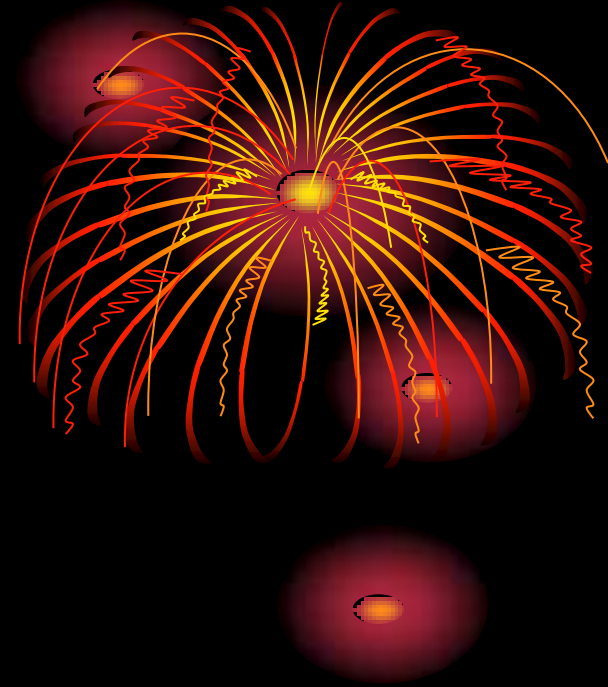
# 5 Key Emotions Contributing to Aggression

- **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**

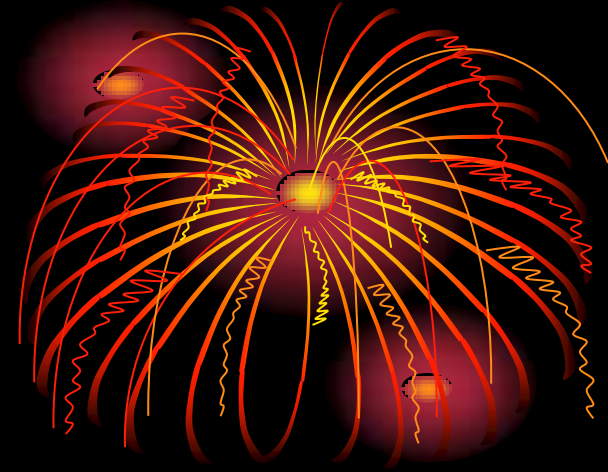


# Acting out Clues

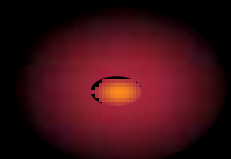
- **Testing Limits**
- **Ignoring verbal requests**
- **Interpersonal conflicts**
- **Threatening gestures/Postures**



# 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**





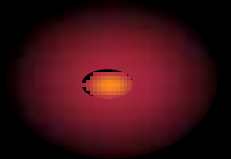
# Verbal and Nonverbal Interventions



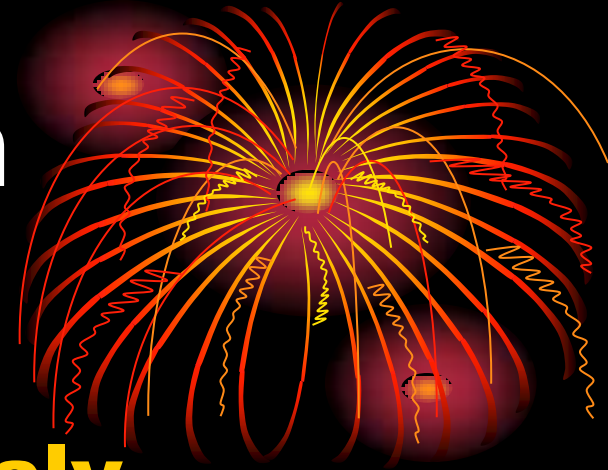
- **Intervention means to come between the client and harm.**
- **There are no standard rules for intervention that apply in every situation.**
- **The best interventions are those that meet the needs of the client while exerting the least amount of control necessary.**

# 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**

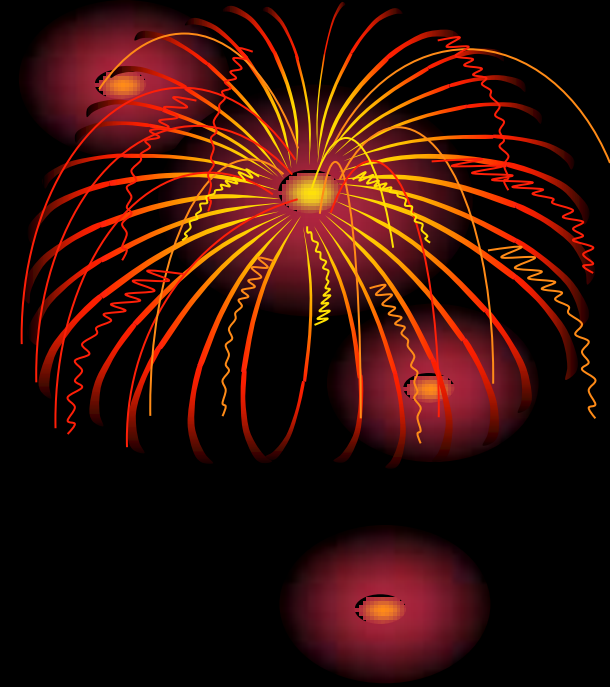
# Verbal and Nonverbal Skills

- **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**

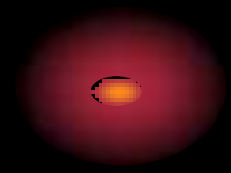
# Suicide Risk



- **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.**
- **9.Anger Episodes.**
- **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.**