

# DE-ESCALATION

Mehul Mankad, MD

September 2023

NCPA Pre-conference



# CASE STUDY

- 64 y/o male Marine Veteran (noncombat) presents to your office for a return visit. He lives far from a VA clinic and has been seeing you in your private practice. He is angry that his disability claim has been rejected by the VA for the third time. This patient is unable to contain his irritation, and he begins yelling vague threats and states that your progress notes must have misreported the severity of his distress. You are wondering whether he is armed and how this is going to turn out.

# YOUR OPTIONS FOR MANAGING ANGER IN THE OFFICE

- Rely on past experience
- Zero tolerance policy
  - Call 9-1-1 every time
- Use a structured approach



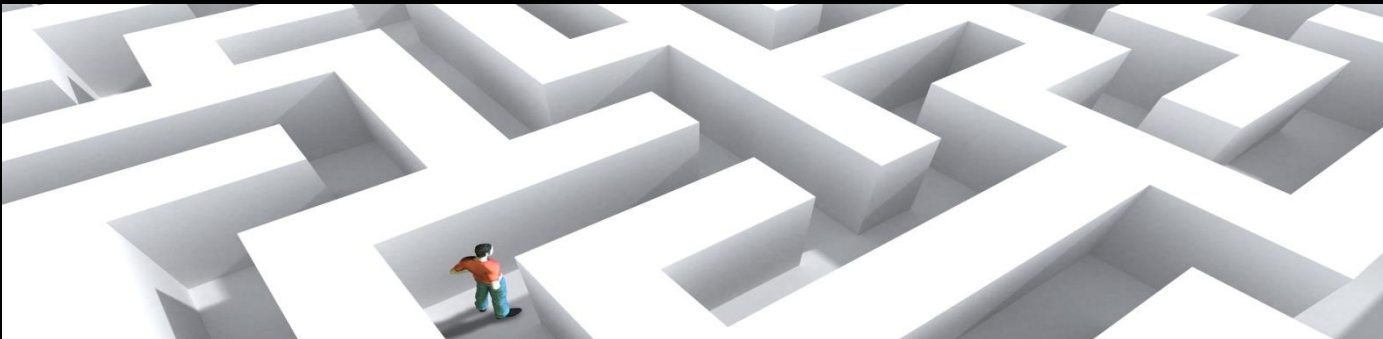


# 3 MAIN OBJECTIVES

1. Ensure the safety of the patient, patient's family, and staff
2. Help the patient (or family) manage their emotions and regain control
3. Contact law enforcement when appropriate

# OPERATIONAL CHALLENGES

- Every psychiatrist is different
- Every work environment is different
- Every patient is different
- Every encounter is different



# PRE-AGITATION PREPARATION I

- A safe office is set up to decrease bad outcomes
  - Furniture allows safe exit for client and staff
  - Psychiatrist's back is never turned on the patient during lengthy portions of the visit
  - Objects in the office are not potential weapons (i.e., leave your sword collection at home)

# PRE-AGITATION PREPARATION II

- Identify staff
  - Who is around during the day?
  - Ideally, more than one staff member should be within earshot during patient hours
  - Code word for calling law enforcement: “Hey Dr. Mankad, I need to return a call to Mr. Armstrong.”
- Drill
- Meet local law enforcement



# WARNING SIGNS

- Repetitive motor activity
  - Foot tapping
  - Hand wringing
  - Hair pulling
  - Fist clenching/unclenching
  - Fiddling with objects
- Repetitive Thoughts
  - “I’ve gotta get out of here.”
- Raised voice
- Inability to sit down





# DO CIRCUMSTANCES MATTER?

- At a certain point, the reasons the client became agitated matter less.
- Agitation can be final common pathway for intoxication, psychosis, character pathology, etc.
- When agitation begins, it's important to switch into quick-thinking mode to de-escalate the situation.

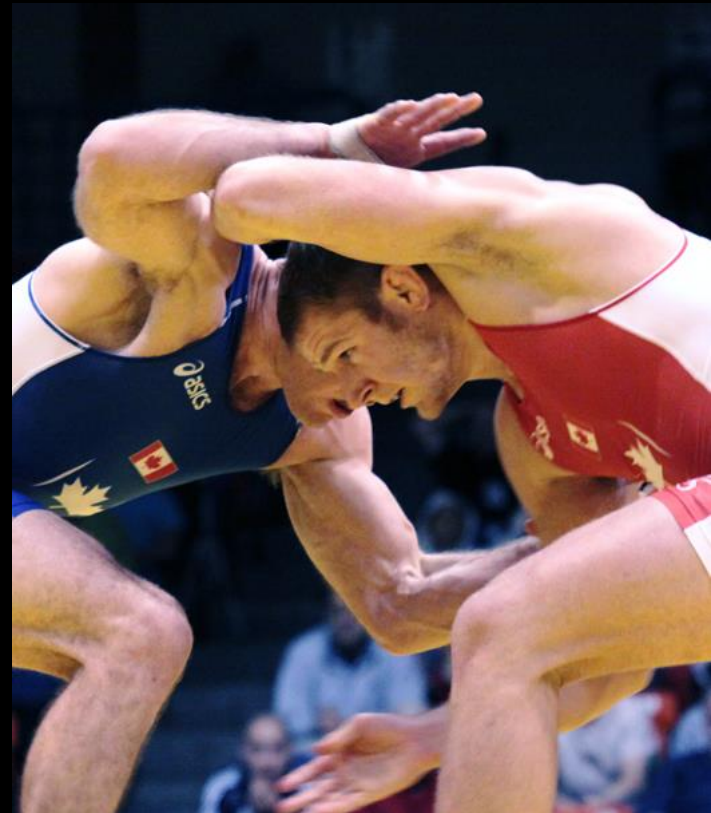
# STEP 1

- Tell yourself you are going to shift to de-escalation
- Remember the three objectives
  1. Safe patient and office
  2. Help the patient regain control
  3. Law enforcement if necessary

# STEP II

- Respect personal space

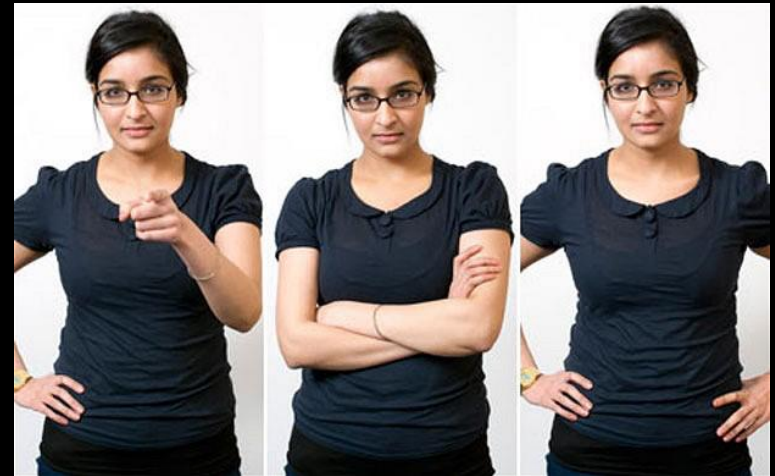
- At least two arm's lengths between you and the patient
- Don't block their exit and try not to let them block your exit
- Remember that traumatized people may not like to be approached or touched when threatened



## STEP III

- Pay attention to yourself

- Most affective communication comes from tone of voice and body language
- Don't shout back
- Keep your hands visible and unclenched
- Keep your arms unfolded
- Be mindful about the intensity of your eye contact



# STEP IV

- One person in charge in a group office
  - Multiple people shouting can confuse the situation and make it worse
  - If you are coming into the scenario late, introduce yourself and your role
  - Stay polite at all times but not patronizing
  - Use the patient's name and tell them what is going to happen

# STEP V

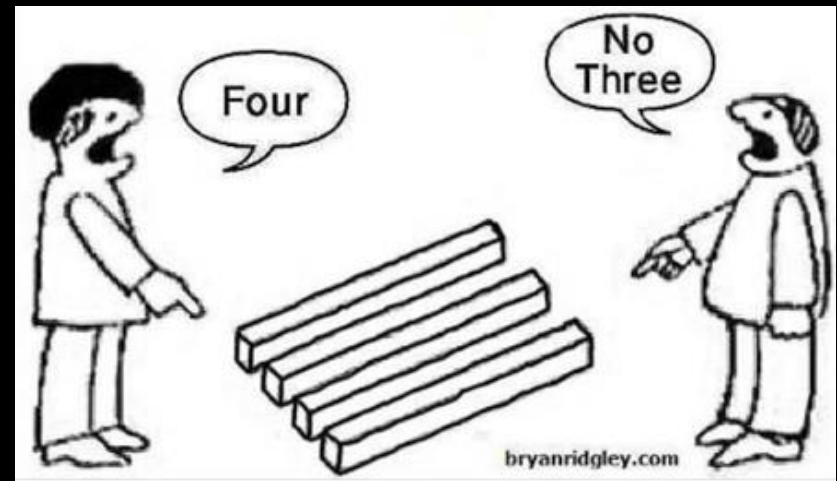
- Keep it simple
  - Short sentences
  - Small words
  - Repeat yourself
  - Repeat yourself



# STEP VI

- Acknowledge what they want

- Try to find out what they want in the moment and repeat that information back to them
- Do not promise that you have a solution to their problem
- Agree or “agree to disagree”



# STEP VII

- Set clear limits
  - There are certain behaviors that are not okay
    - Patient needs to stop shouting, stop threatening, sit down, etc.
  - Coach them that you cannot advocate for them if they are agitated





# STEP VIII

- Offer choices
  - Take a break
  - Have a snack or a smoke
  - Come back later
  - Focus on another issue that is also important to the patient



# STEP IX

- Debrief the client and staff
  - Do this separately
  - Debriefing the patient allows you to preserve the relationship
  - Debriefing the staff allows you to refine your approach for the future



# STEP X

- When to Call Law Enforcement
  - Do not assume “I’ve got this”
  - Do not be a hero
  - Do not compare
  - Do not worry about being judged by peers



# OPERATIONALIZING WHAT YOU'VE LEARNED

- 50 y/o male Marine Veteran (noncombat) presents to your office for a return visit. He lives far from a VA clinic and has been seeing you in your private practice. He is angry that his disability claim has been rejected by the VA for the third time. This patient is unable to contain his irritation, and he begins yelling vague threats and states that your progress notes must have misreported the severity of his distress. You are wondering whether he is armed and how this is going to turn out.