

De-Escalation Techniques.

De-escalation is the non-physical intervention in the management of aggressive and violent behaviour.

There are many causes of anger, aggression and violence that include pain, fear, tiredness, hunger and thirst, drugs and alcohol, attitudes, mental illness, physical illness and even “self defence” (reasonable force).

Figure One illustrates the staircase to violence and all healthcare professionals should be aware of this and have basic strategies for de-escalation. Below are a number of bullet points that you may wish to discuss in your pharmacy in the development of a strategy to deal with aggressive and violent behaviour:

1. Create a safe environment:
 - a. Create an environment where people are respected and understood.
 - b. Environment should be safe and promote a feeling of safety and security e.g. comfortable chairs, space, good lighting, limit access to potential weapons, alarm or panic buttons.
2. Understand the person:
 - a. Be aware of who may be prone to aggression and violence and ensure staff are briefed on this.
 - b. Remember “all behaviour is meaningful and can be understood” (Peplau 1952).
 - c. Be sensitive to the Non-Verbal expressions of people in addition to verbal e.g. tightening of fist, tapping of foot, tense and angry facial expressions, restlessness, general over-arousal of body systems, prolonged eye contact.
 - d. Ensure that factors that may lead to confrontation are identified and resolved before clients present in the pharmacy e.g. if the prescription is not in the pharmacy for the following day contact the prescriber.
 - e. Ensure the client understands the boundaries that they have to work within at the start of the treatment episode i.e. discuss the four way agreement/local agreement with the client.

3. Understand yourself:

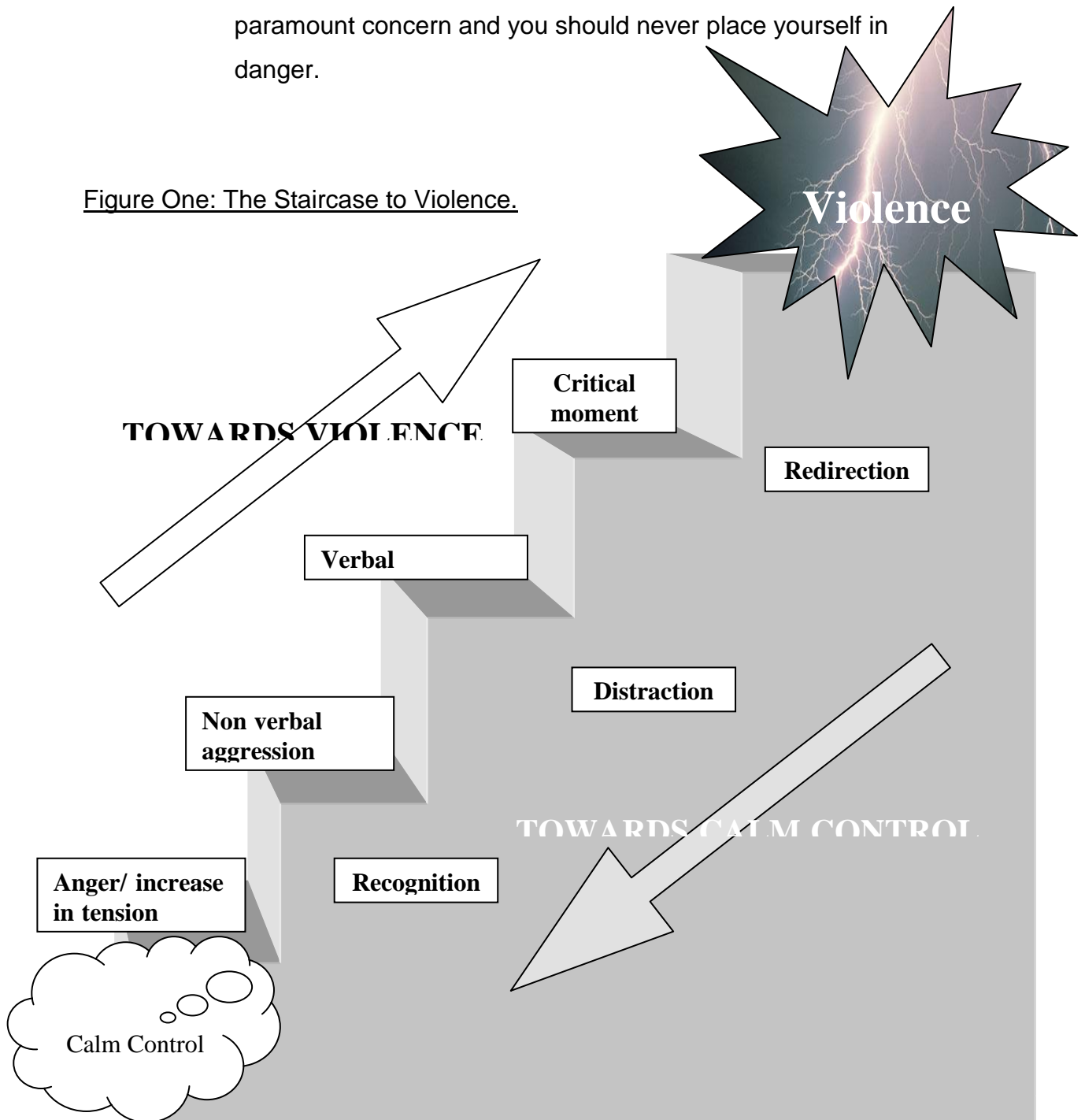
- a. Ask yourself at the beginning of the day – How am I? Have I got any problems? Am I stressed? Am I tired? And ensure you review your own mental health throughout the day.
- b. If you are not “in the right place” ensure your colleagues understand this and they may be able to manage situations that you are not in the correct frame of mind to deal with.
- c. Ensure that you reflect on incidents as an individual and as a team to learn from your practice.

4. Understand basic de-escalation techniques:

- a. Respect personal space as this will facilitate better communication. Lanza (1988) states that “violent people require four times as much personal space than usual”. Space is also about how you stand, move and gesticulate. If the client sits do not tower over them and mirror their moves i.e. sit down too.
- b. Express concern about the client and their situation.
- c. Speak to the client in a low and calm tone of voice, speaking calmly and think about modelling. Never shout and use abusive language but do not curtail the conversation because of profanity or shouting from the client.
- d. Do not shout or refer to the client in a punitive, threatening or accusatory way.
- e. Use open questions to engage the client in conversation.
- f. Ensure your body language and posture mirrors your speech i.e. be calm and calming!
- g. Control your anxieties as the person will pick up on non-verbal communication.
- h. If standing do this with an open posture, with your hands to your side and your palms facing the person.
- i. Depersonalise the issue when refusing a request i.e. “I would like to give you your prescription but (prescriber) would not be happy if I did”.
- j. Personalise yourself.
- k. Express concern and interest in resolving the situation.
- l. Request behaviour to stop (ask for the required behaviour)

- m. Explain appropriate options to the client.
- n. Remind them about what they have to gain/lose in a non punishing way.
- o. Remember – “Do not become a victim”. Safety is your paramount concern and you should never place yourself in danger.

Figure One: The Staircase to Violence.



(Adapted from De-escalation for Health Care Staff; Fromside Clinic, Avon and Wiltshire Mental Health Partnership NHS Trust. Ref PN/JH/FC 2000).