#### TRAUMA INFORMED DE-ESCALATION

by

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#### What Is Trauma?

Trauma is the lasting emotional response that often results from living through a distressing event. Experiencing a traumatic event can harm a person's sense of safety, sense of self, and ability to regulate emotions and navigate relationships.



### Prefrontal Cortex

Rational thinking regulates emotions such as fear responses from the amygdala - with PTSD this has a reduced volume

### Amygdala

Wired for survival, when active it is hard to think rationally. The more hyperactive the amygdala is, the more signs of PTSD are present.

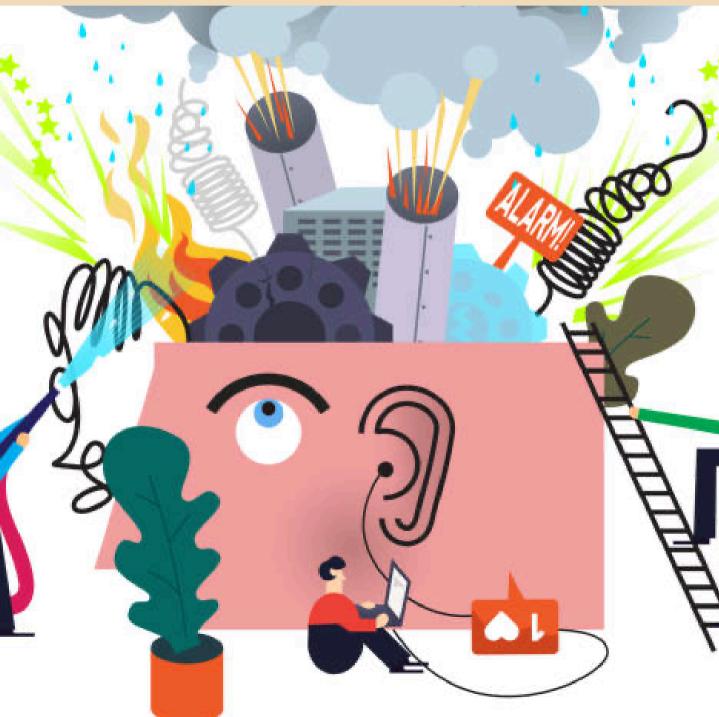
#### Hippocampus

Responsible for memory and differentiating between past and present – works to remember and make sense of the trauma. With consistent exposure to trauma, it shrinks.

#### Threat and the Brain: Symptoms Instead of Memories

- Nightmares
- Flashbacks
- Addictions
- Nervous System
- Panic Attacks
- Numbing
- Suicidality/Self Harm
- Out-of-proportion intense emotion





"Under conditions of extreme stress, there is failure of . . . memory processing, which results in an inability to integrate incoming input into a coherent autobiographical narrative, leaving the sensory elements of the experience unintegrated and unattached."





"These sensory elements are then prone to return . . .when a sufficient number of [them] are activated by current reminders."

Van der Kolk Hopper & Osterman 2001



Triggered and dysregulated, the body continues to anticipate danger.

"When neither resistance nor escape is possible, the human system of self-defense becomes overwhelmed and disorganized."



#### Humans depend upon the same defensive responses as animals

#### Cry for help





#### Fight for our lives

#### We flee





#### We freeze



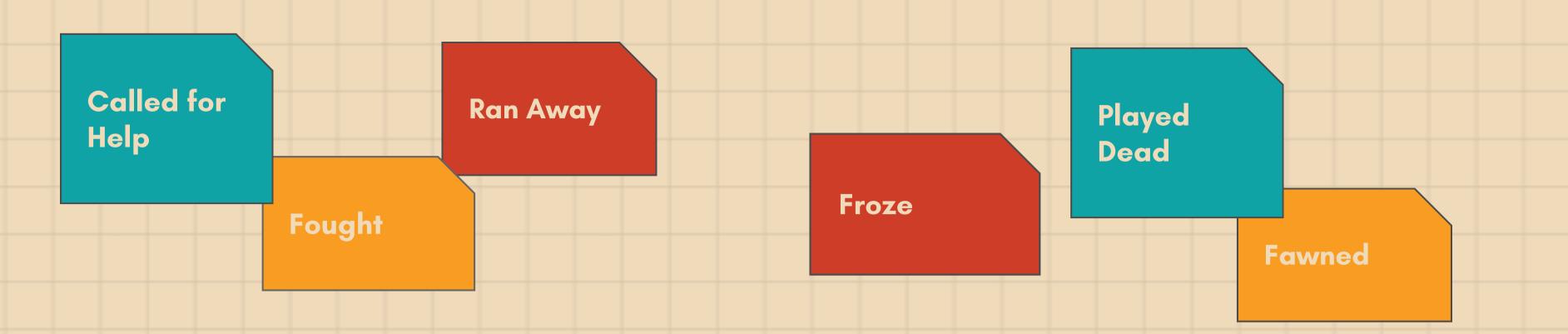
#### We fawn



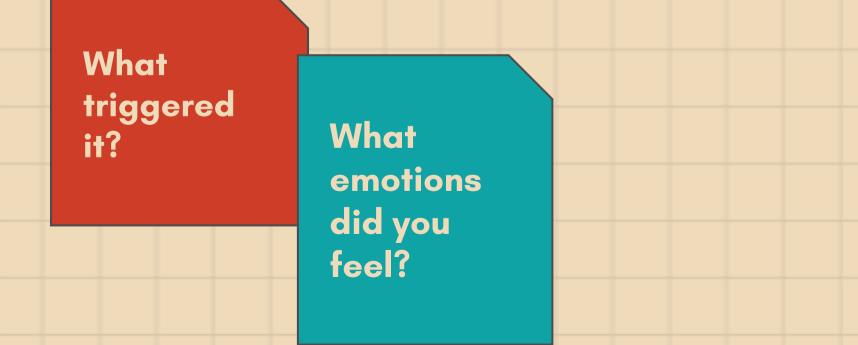




### We play dead



# Breakout: recall a recent time when you:



What thoughts did you have? How did your body react?



#### REFLECTION

#### What happened and how did you react? What triggered it? How did your body react? What thoughts and emotions did you have?



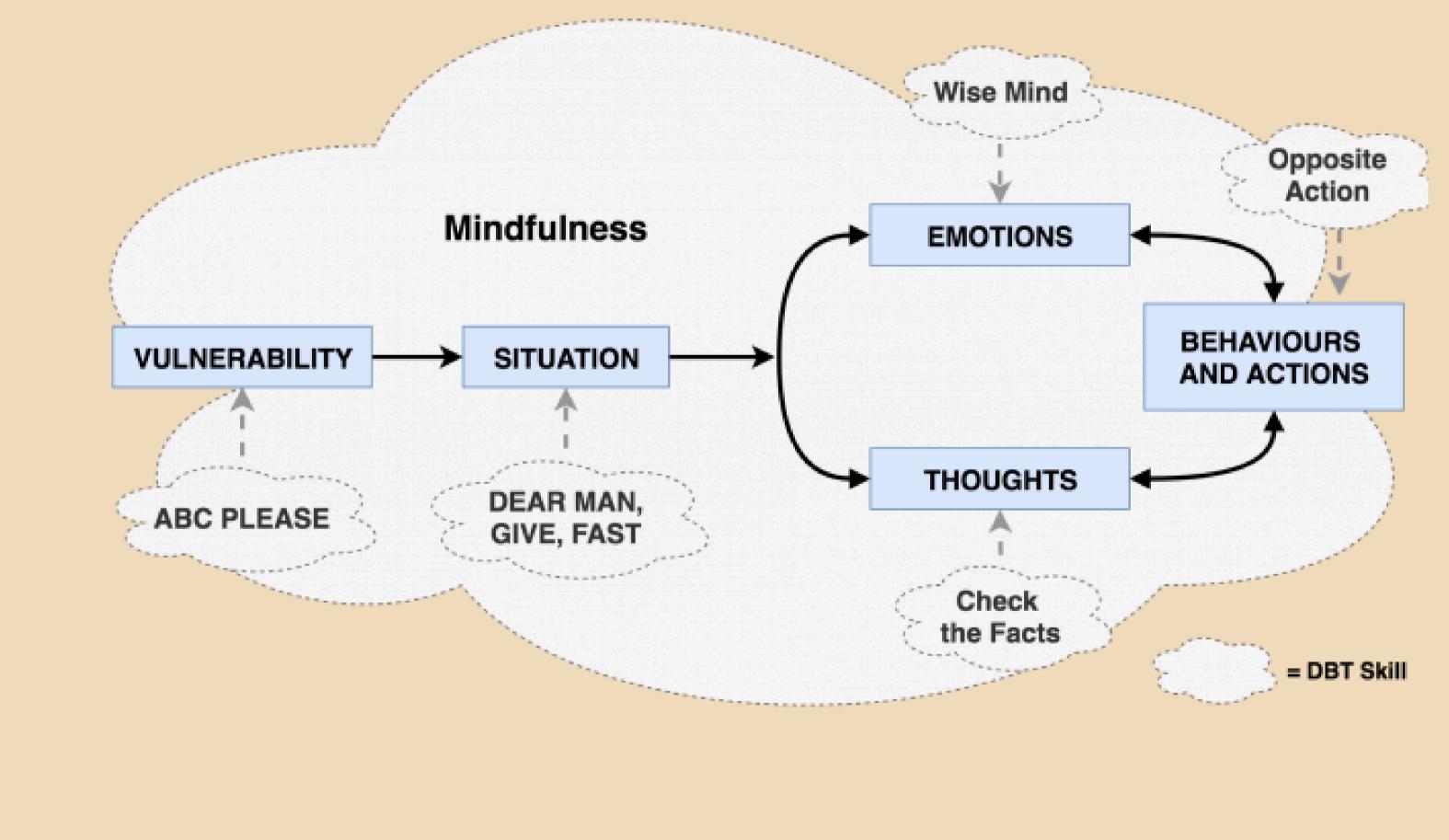


#### Behavior Chain/Seeking Relief From Pain of Trauma



#### Release of Endorphins

Endorphins Subside





### Social Signaling:

#### What are you bringing into the interaction?



#### **Trauma & Treatment** We Are Part of the Dance

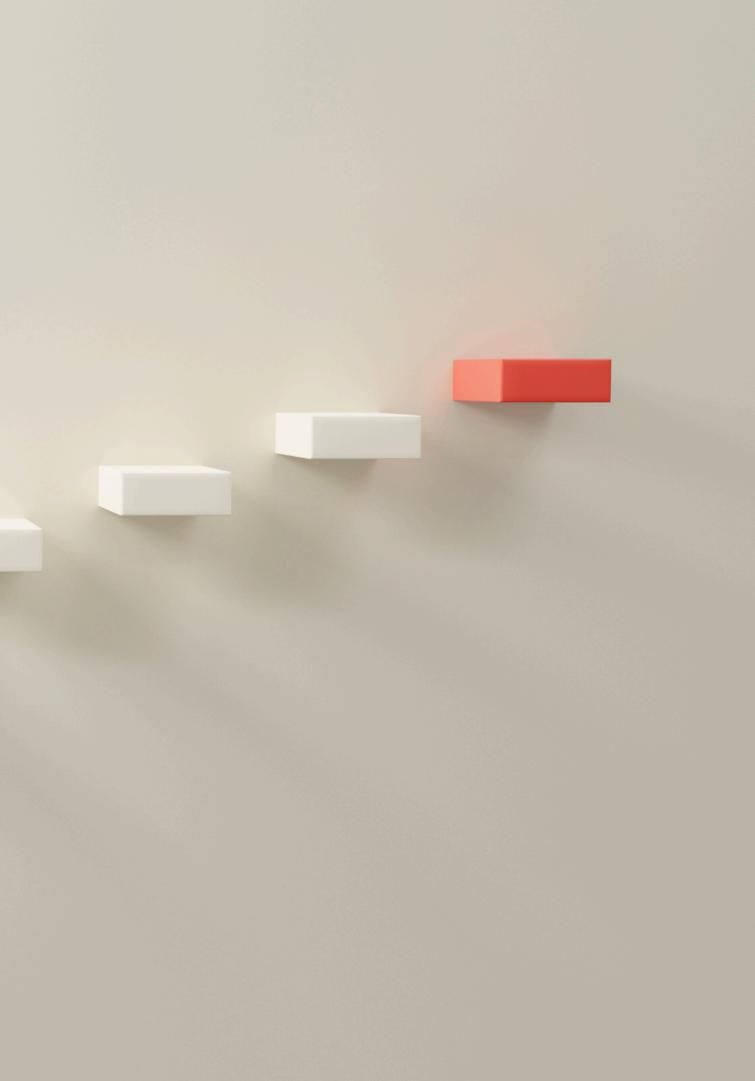
- We all function in physical bodies designed to survive
- All of our and our client's behavior makes sense
- We do or repeat behaviors because they work



- Destructive and ineffective behavior brings short term relief
- Understanding is not excusing
- Urge surfing
- Distress Tolerance
- Resist short-term rewards for long term

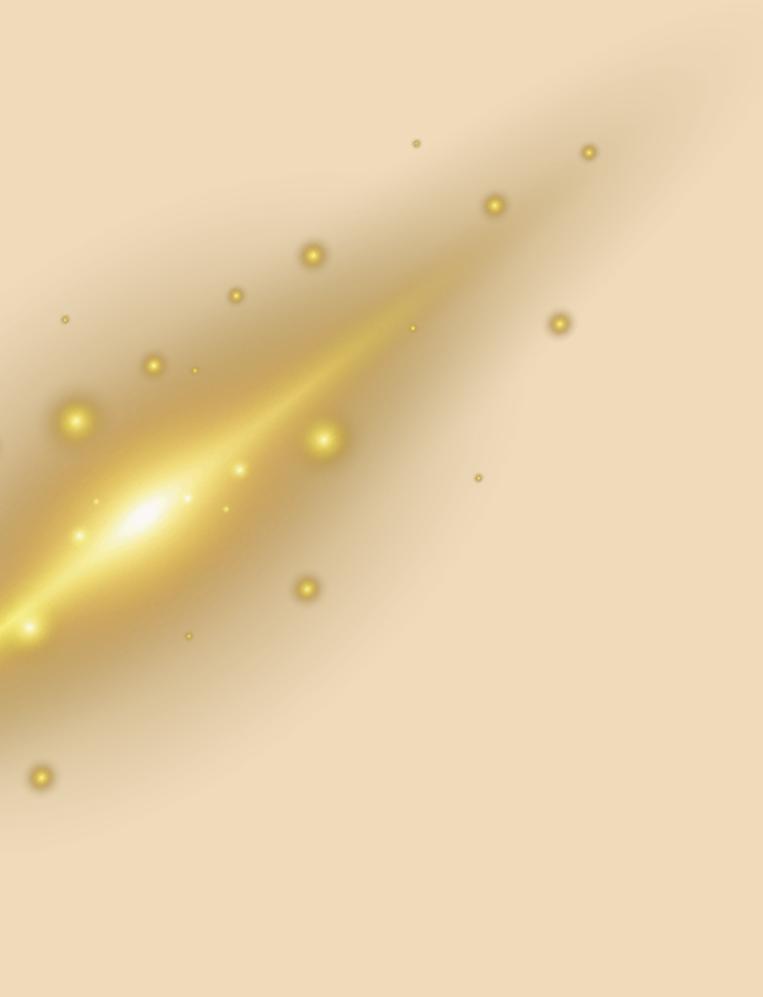


- Every interaction is transactional
- Outcomes improve when we are open, flexible, curious, and mindful
- Long term goals
- The next right step



"Between stimulus and response there is a space. In that space is our power to choose our response. In our response lies our growth and our freedom."

— Viktor E. Frankl

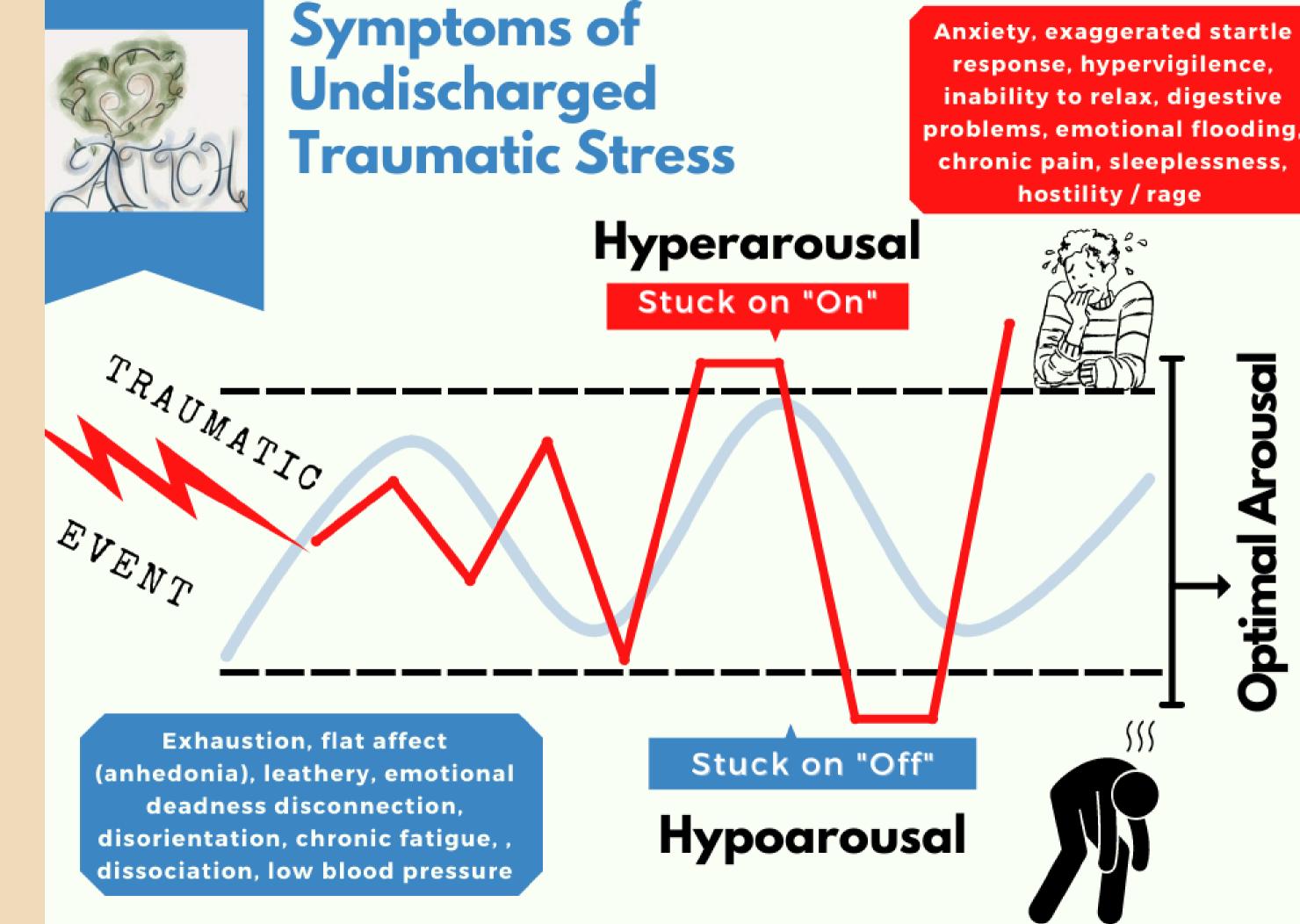


#### **Addiction + Trauma**

- To self-soothe
- To numb
- To combat helplessness
- To "treat" hypo or hyper arousal
- To stop memories
- To feel safer

Behavior is not Pleasure Seeking >> it's a Survival Strategy





problems, emotional flooding,

#### **Common Mistake**

Not Recognizing That Unsafe Behavior:

- Brings relief
- Reflects fear of relying on others
- Masks shame
- Reveals no concern for bodily care



Trauma treatment grounds in the Present by Establishing:

- Bodily safety
- A safe environment
- Emotional and autonomic stability

Remembering is not recovering. To stabilize, frontal lobe inhibition must be reversed.

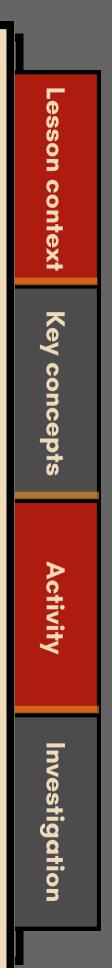




#### REFLECTION

What did you do to stay safe in your early environment? How did you carry these adaptations over into your adulthood?





#### **Transforming Trauma Response: Somatic Resources**

- Reactivate the prefrontal cortex
- Curiosity and mindfulness
- Calm the body
- Top-down cogntive skills
- Bottom-up somatic resources

Calm the body <u>and</u> activate the prefrontal cortex



### Hacking Physiology

Trauma Response	Soma
Collapse	N
Tensing, armoring	Tensing
Freezing	Relaxin



#### atic Resources

#### Novement

#### g, then relaxing

#### g arms and legs

Trauma Response	Som
Shaking	Deep E
Numbing	
Hypervigilence	Leng
Agitation, Anxiety	Haı

#### matic Resources

#### Breathing, Sighing

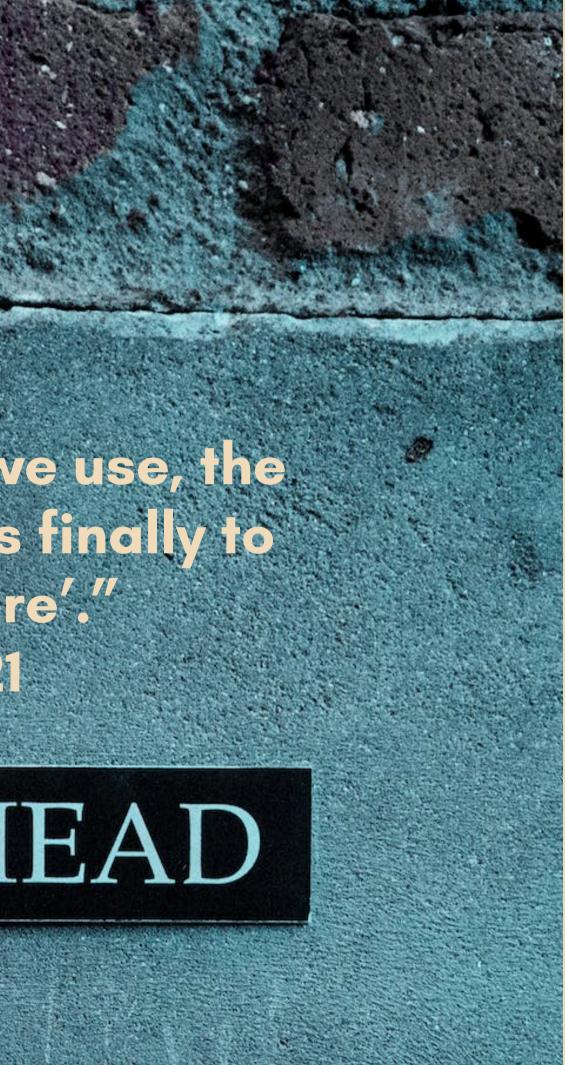
Grounding

#### thening the spine

#### nd on the heart

"No matter what modality we use, the goal of trauma treatment is finally to be 'here' and not 'there'." -van der Kolk, 2021

## MIND YOUR HEAD



Sensory Motor Trauma Grounding in the Present

"I'm triggered."

"This is a trauma memory."

"That is how it felt back then."



#### Early death

Burden of disease, distress, criminalization, and stigmatization Coping/adoption of health risk behavior

Allostatic load and disrupted neurological development

Complex trauma/ACE

Race/social conditions/local context

Generational embodiment/historical trauma

### **Adverse Childhood Experiences**

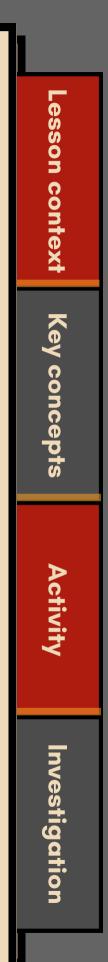




#### REFLECTION

#### Think of a specific time when you felt safe and secure. It could be a moment from your childhood, a time spent with loved ones, or a situation where you felt protected and at peace.





### Walking Meditation When Angry Mantra

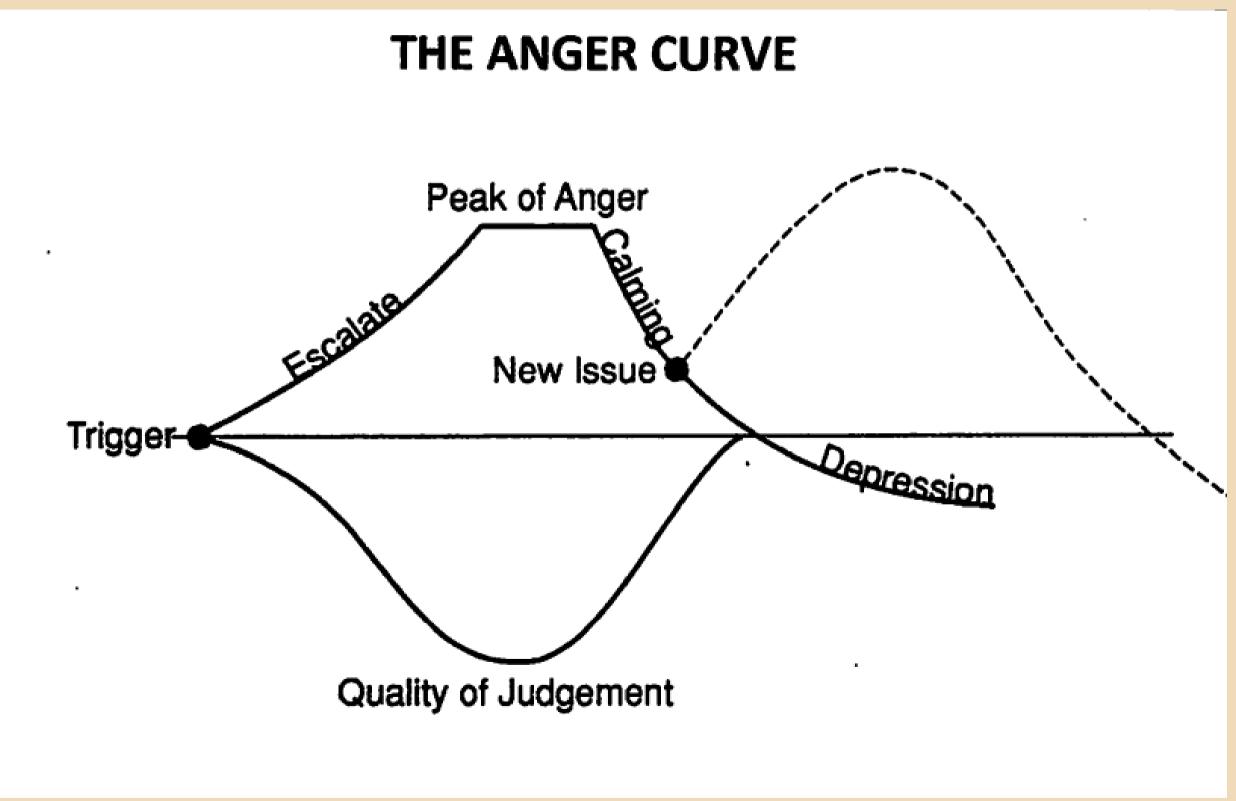
anger is here. the anger is not me. anger is unpleasant. feeling will pass. Breathing in, I am calm. enough to take care of this anger.

Breathing in, I know that Breathing out, I know that Breathing in, I know that Breathing out, I know this Breathing out, I am strong

## **De-escalation Techniques** Make things better and keep them from getting worse CAR (M



#### **Responding to an Angry Person**



As anger goes UP, judgement goes DOWN. An angry person is not functioning at optimal accuracy.

- Know your response to anger
- Unhappy people attack
- Let the person talk to dissipate
- Acknowledge the right to anger
- Seek something you can agree on
- Recognize a triggered trauma memory





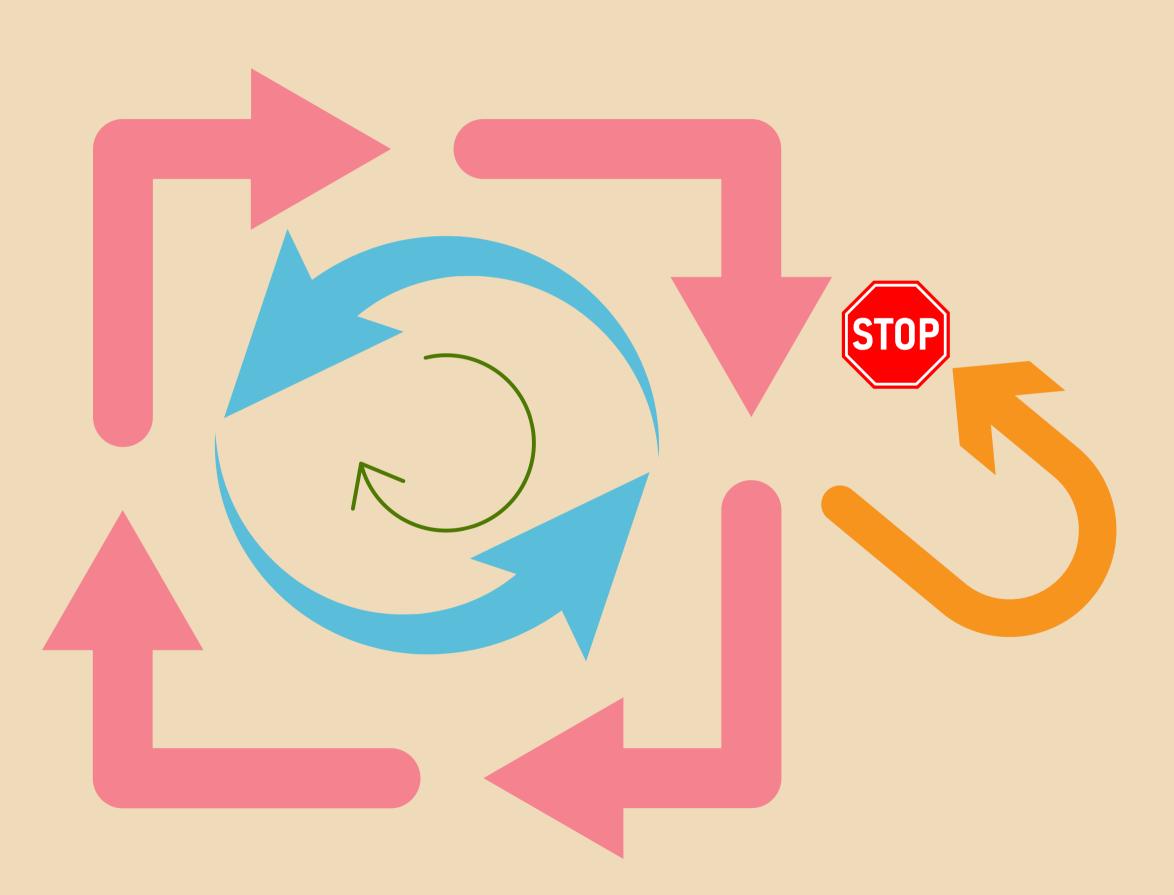
#### Interrupt the pattern:

- Phase 1: Vulnerabilities
- Phase 2: Triggering event
- Phase 3: Escalation
- Phase 4: Crisis
- Phase 5: Recovery
- Phase 6: Post-crisis depression
- Phase 7: Depression = vulnerability



# **Cycles Repeats Until Interrupted**

- Validate
- Check the facts
- Problem-solve



Lowering the Risk of Danger

Safety is a Priority:

- Maintain Distance
- Assess for Risk
- Avoid Confrontation
- Seek Assistance
- Delay Consequences
- Document the Incident



# **Objectives:**

- Anticipate stressors and diffuse before escalation
- Understand criteria for high risk behavior
- Apply interpersonal effectiveness skills
- Analyze strategies for deescalation



# Signs of Agitation:

- Rapid Speech
- Balled Fists
- Pacing
- Shaking
- Fidgeting
- Verbally Abusive

# **Identify:**

•

# **Immediate Situation** Immediate Stressors



# **EMOTION MIND**





### **OFFER OPTIONS**

### NAME IT TO TAME IT

### **COLLABORATE ON** SOLUTIONS

**USE THEIR** NAME

# **EMOTION MIND**

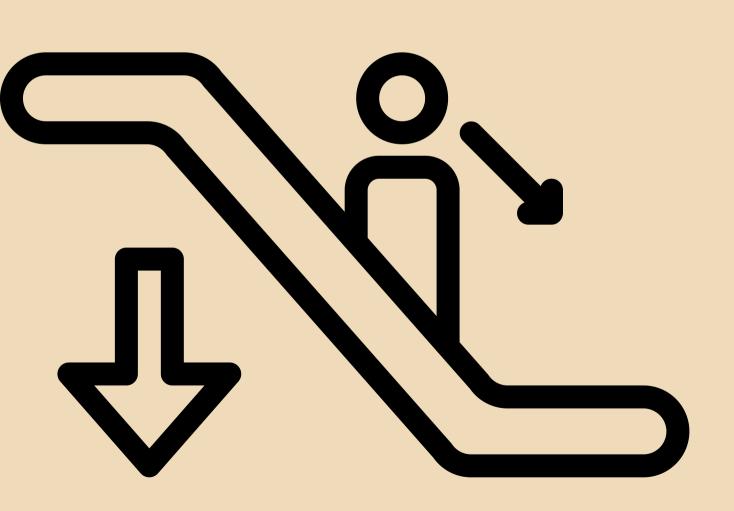


### **REGULATE OVER** EDUCATE

### DON'T BLOCK EXIT OR CORNER

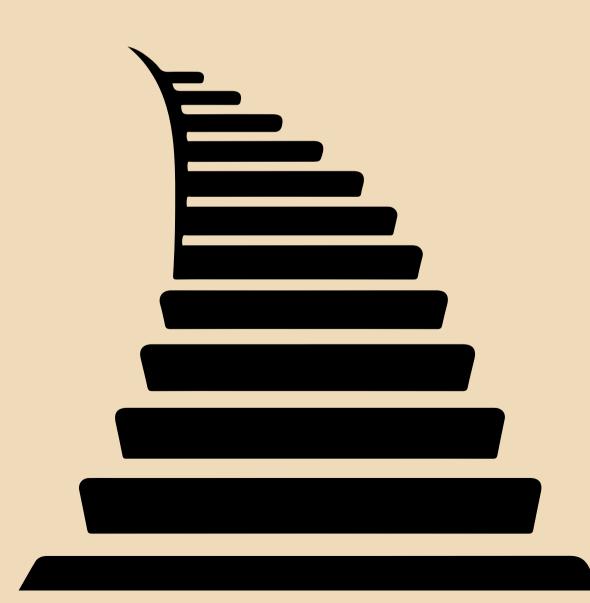
# **De-Escalation Tips:**

- Be empathetic
- Non-judgmental
- Respect personal space
- Avoid overreacting
- Focus on Feelings



# De-Escalation Tips cont'd:

- Ignore challenging questions
- Set limits
- Choose wisely what you insist upon
- Allow silence for reflection
- Allow time for decisions



## **Mechanisms for Coping:**

Know your purpose
Frame your message
Use an assertive approach
Use cooperative language
Use active listening skills
Slow down



### Mechanisms for Coping cont'd:

- Humor
- Take responsibility
- Apologize/acknowledge
- Thank the client for bearing with you
- Remember it's not personal



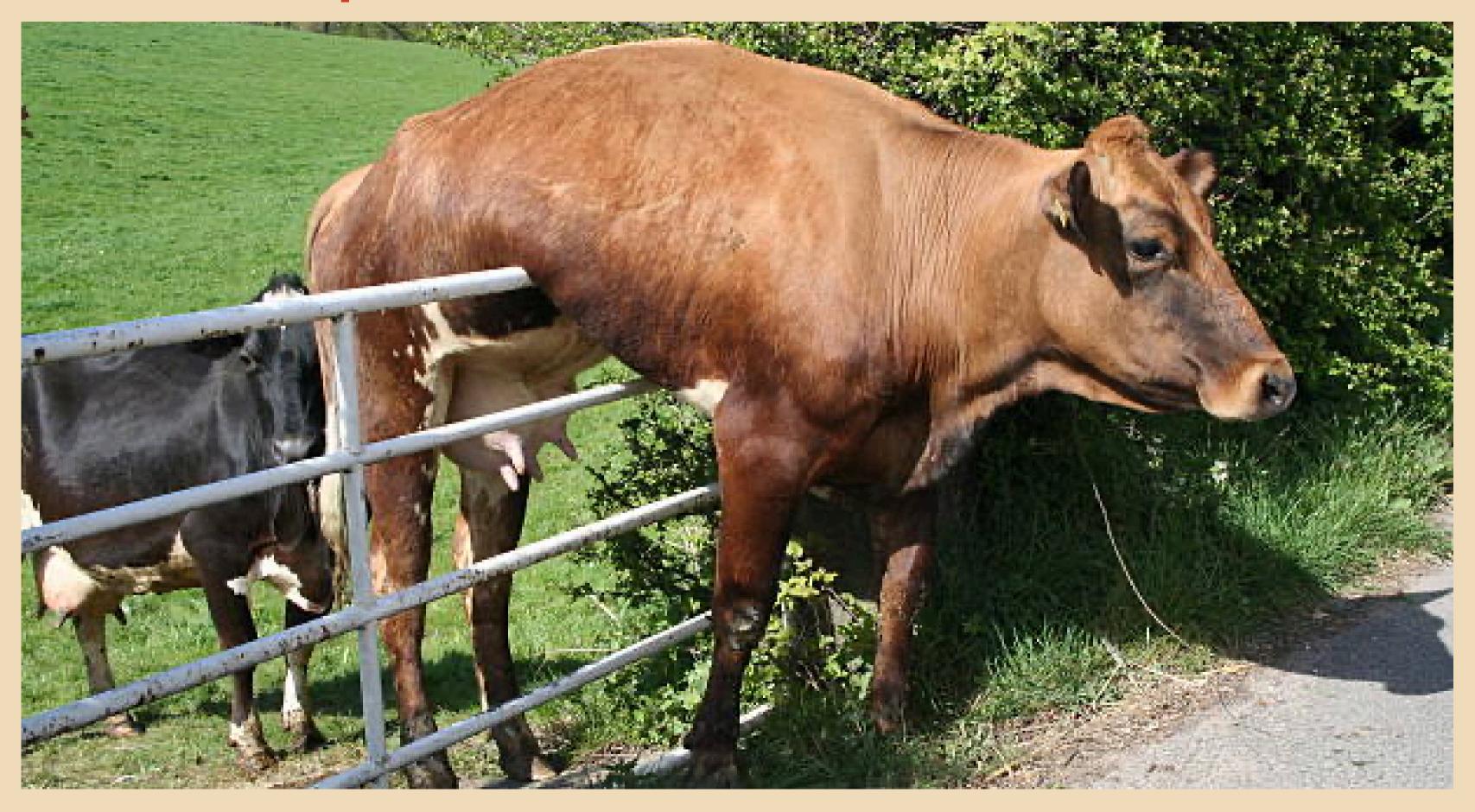


What 3 techniques would like to try in the coming weeks?



# esson context REFLECTION Which de-escalation techniques are you already using? Key concepts Activity Investigation

# **Common Traps to Avoid**



- Question-Answer trap
- Confrontation-denial trap
- Expert trap
- Premature focus trap
- Blaming trap



# **Reflective Listening**

- Statement, not a question
- Ends with down turn
- Hypothesis testing
- Affirms and validates
- Keeps the client thinking and talking
- Acknowledge ambivalence (dialectic)



# **Universal Safe Reflections**

# It sounds like:

- This has been tough for you...
- You are not happy with...
- You are not ready to...
- You're having a problem with...



Summarizing

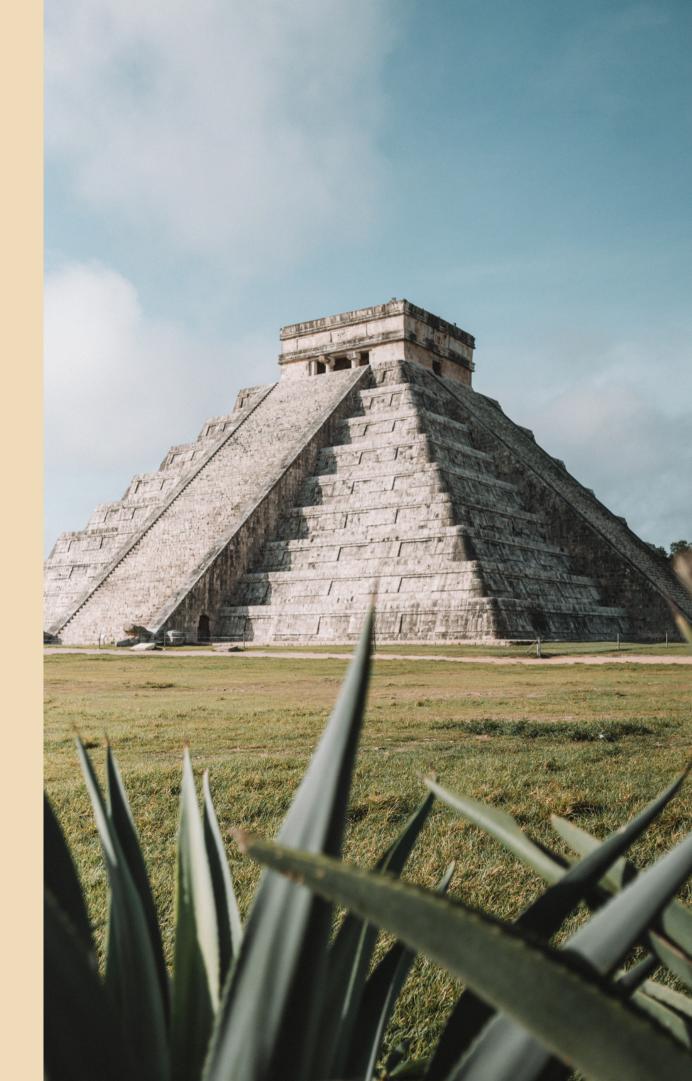
"Ok, this is what I've heard so far..."



# The PIN Pyramid

- Position
- Interest
- Need

A rule for conflict resolution is to focus on and talk about needs and interests behind the positions, rather than the positions themselves. Generate movement by moving people off of their positions!



# Separate the People from the Problem

- Be soft on the people and hard on the problems
- Look for underlying positions and needs
- Work for a win/win
- Assure a fair process
- Talk to people and not about them



# **Impossible People Do Exist**

- You can't avoid them
- You can't fix them
- You can't make them like you
- They may not want your help



Dealing with aggressive behaviors are not easy and there are no simple answers.



Professional boundaries prevent burnout, helping you stay engaged while protecting yourself:

- Physically
- Mentally
- Emotionally



# **Reality Acceptance**

- Focus on what you can do.
- Refer what you can't.
- Respect their path as their own to walk.
- Cheerlead small wins.



Thank You For What You Do

- Let what you do today be enough
- You matter
- Take care of yourself





### Memory Recollection Exercise: Remembering a Time of Safety

- Find a Quiet Space:
  - Sit or lie down in a comfortable, quiet space where you won't be disturbed. Close your eyes if it feels comfortable.
- Breathing:
  - Start with a few deep breaths to center yourself. Inhale slowly through your nose for a count of four, hold for a count of four, and exhale slowly through your mouth for a count of six. Repeat this 3–5 times.
- Recall the Memory:
  - Think of a specific time when you felt very safe and secure. It could be a moment from your childhood, a time spent with loved ones, or a situation where you felt protected and at peace.

### Immerse Yourself in the Memory:

- Visualize the Scene: Picture the place where you felt safe. Notice the details of your surroundings. What do you see? Are there familiar objects, colors, or patterns?
- Picture the place where you felt safe. Notice the details of your surroundings. What do you see? Are there familiar objects, colors, or patterns?
- Engage Your Senses:
  - Sight: What are the colors, shapes, and objects around you?
  - Sound: What sounds can you hear? Is there music, the sound of nature, or the voices of loved ones?
  - Smell: Are there any particular smells that stand out? Perhaps the scent of a favorite food, nature, or a familiar fragrance?
  - Touch: What can you feel? Maybe it's the warmth of a blanket, the texture of the ground, or the hug of a loved one.
  - Taste: Is there any taste associated with this memory? Maybe it's the taste of a favorite food or drink you had at that time.

l you? sound of nature, or the voices

- Emotional Connection:
  - Focus on the emotions you felt in that moment. Try to reconnect with that sense of safety, comfort, and peace. Allow yourself to fully experience these feelings again.
- Anchoring the Feeling:
  - Create a physical anchor to help you recall this feeling of safety in the future. This could be gently pressing your thumb and forefinger together, placing your hand over your heart, or any other simple gesture. Each time you do this action, remind yourself of this memory and the feelings it evokes.
- Reflect and Affirm:
  - Spend a few minutes reflecting on this exercise. Acknowledge how this memory makes you feel and affirm to yourself that you can access this feeling of safety whenever you need it. Repeat affirmations such as, "I am safe," "I can access this calmness," and "This feeling is within me."

## Scenario: Potentially Violent Situation (Higher Risk)

**Setup:** One person plays an individual who is becoming increasingly agitated and potentially violent. The other person plays security officer or mental health professional.

**Objective:** The security officer or mental health professional needs to use de-escalation techniques to prevent the situation from becoming violent.

### **Key Techniques:**

- Maintain Distance: Maintain a safe distance to avoid physical confrontation.
- Calm Voice: Use a calm and reassuring voice to communicate.
- Non-Threatening Posture: Adopt a non-threatening posture to reduce tension.
- Offer Choices: Offer the individual choices to give them a sense of control (e.g., "Would you like to sit down or stand while we talk?").
- Distraction: Use distraction techniques to divert the individual's attention away from their anger.

## Scenario: Potentially Violent Situation (Lower Risk)

Setup: One person plays the role of a unhoused individual who is experiencing distress or agitation. The other person plays the role of a social worker or outreach worker who is attempting to de-escalate the situation.

Objective: The social worker's goal is to effectively engage with the homeless individual, validate their feelings, and provide support to help diffuse the situation.

### **Key Techniques:**

### Active Listening and Empathy:

• Social Worker: Listen attentively to the homeless individual's concerns, maintaining eye contact and nodding to show understanding. Use empathetic statements to acknowledge their feelings and experiences.

### Respect Personal Space:

• Social Worker: Respect the homeless individual's personal space and avoid standing too close, which could feel threatening. Maintain a non-confrontational posture and demeanor.

### • Establish Rapport and Trust:

 Social Worker: Build rapport with the homeless individual by introducing yourself, using their name if known, and demonstrating genuine concern for their well-being. Establishing trust is crucial for effective communication.

### • Offer Support and Resources:

 Social Worker: Offer practical support and resources tailored to the homeless individual's needs, such as access to shelters, food assistance, healthcare services, or mental health support. Provide information about available community resources and how to access them.

### Validate Feelings and Experiences:

 Social Worker: Validate the homeless individual's feelings and experiences by acknowledging the challenges they are facing and expressing empathy for their situation. Avoid judgmental or dismissive language.

### • Remain Calm and Non-Threatening:

• Social Worker: Stay calm and composed, speaking in a gentle and reassuring tone of voice. Avoid escalating the situation with aggressive language or body language. Model a sense of calm and stability for the homeless individual.

### Collaborative Problem-Solving:

 Social Worker: Collaborate with the homeless individual to identify potential solutions to their immediate needs or concerns. Encourage them to share their thoughts and preferences, and work together to develop a plan of action.

### Know When to Seek Additional Support:

• Social Worker: Assess the situation for any signs of escalating risk or safety concerns. If necessary, seek assistance from colleagues, supervisors, or emergency services to ensure the safety of the homeless individual and others in the vicinity.

# **Tips for Effective Role-Play**

- Debrief: After each role-play, discuss what went well and what could be improved.
- Feedback: Provide constructive feedback to each participant.
- Switch Roles: Have participants switch roles to experience different perspectives.
- Realism: Make the scenarios as realistic as possible to enhance learning.

By practicing these role-play exercises, individuals can develop and refine their de-escalation skills, making them better prepared to handle real-life situations effectively and calmly.

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