

Care of the Patient in Crisis: Trauma Informed De-escalation Strategies for the Office

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"Try this—I just bought a hundred shares."

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Upon completion of this seminar, the
audience will be able to:


- Define the concept of trauma informed care
- Identify signs of escalation and crisis in human beings
- Practice active listening and grounding techniques as a core tool in de-escalation
- Apply principles of de-escalation and crisis management to real life scenarios




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Rationale



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Trauma informed care



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Trauma and the brain/body



Trauma & Brain Development



| | |
|---|--|
| <p>Typical Development</p>  | <p>Developmental Trauma</p>  |
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Adapted from Holt & Jordan, Ohio Dept. of Education

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Steps in Crisis Management



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Critical Incidents That May Precipitate a Crisis

- **Developmental** (i.e., life-transition events): Birth of child, graduation from college, midlife career change, retirement
- **Existential** (i.e., inner conflicts and anxieties related to purpose, responsibility, independence, freedom, or commitment): Realization that one will never make a significant impact on one's profession, remorse that one has never married or had children, despair that one's life has been meaningless
- **Environmental** (i.e., natural or man-made disasters): Tornado, earthquake, floods, hurricanes, forest or grass fires
- **Medical** (i.e., a newly diagnosed medical condition or an exacerbation of a current medical problem): Multiple sclerosis, human immunodeficiency virus infection, infertility, myocardial infarction, cancer, medical problems that result in partial or total disability
- **Psychiatric** (i.e., actual syndromes and those that affect coping): Depression or suicidal thoughts, events precipitating acute or post-traumatic stress disorder
- **Situational** (i.e., uncommon, situation-specific events): Loss of job, motor-vehicle collision, divorce, rape



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Step 1: Recognize signs of escalation

- Change in tone of voice or speed of speech
- Fidgeting/psychomotor agitation
- Sweating
- Shaking
- Balled fists
- Aggressive posturing
- Verbal aggression
- Change in eye contact



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Step 2: Evaluate severity

- Observations (the 5 senses)
- Gut feeling
- Pre-determined knowledge from nurse or front end
- Talking to the patient



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Step 3: Ensure Safety

- Acute danger to self or others:
 - Get out, and get help
 - Run, hide, fight
 - Utilize psychiatric crisis resources and support staff
- Safety level unclear:
 - proceed with caution
 - use your judgment/gut



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Step 3: Safety continued

- Avoid turning your back, quick actions
- Maintain a clear path to the door for yourself and the patient
- Stay at the same eye level
- Maintain limited eye contact
- Keep an open posture
- Approach at an angle, rather than head on or from the back
- Be aware of tone of voice
- Be courteous



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Step 4: Stabilize the Patient

- Offer choices whenever possible: "Mr. S, would you like to continue our visit today or maybe stop for now and meet another time?"
- Address needs: "Can I get you anything right now? A cup of water?"
- "What can I do to help you feel safer?"
- Answer questions honestly and factually
- Use reflective listening/affect labeling/open ended questions
- If relevant, use a grounding technique




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Reflective Listening & Affect Labeling

- Listen carefully to the person speaking
- Process what they are saying
- Reflect this back in a statement
 - Simple
 - Complex




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- Patient: "Nobody wants to help me, they just want me to keep suffering."
- Doctor: "You feel frustrated."




- Patient: "There's no point in trying, this medicine is going to give me side effects."
- Doctor: "You are skeptical." or "You feel nervous."

- Patient: "I'm only here because my wife made me come."
- Doctor: "You feel misunderstood."




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- Describe a time when you encountered a patient in crisis.
 - How did you know that the patient was in crisis? What kind of crisis was it?
 - What emotion(s) did you feel during that encounter?
 - How was the situation handled? Would you change anything about it?
- Partner will practice reflective listening and affect labeling while the other shares, then switch.

Think Pair Share



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Grounding Techniques




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What is grounding?

- Use of strategies to detach from emotional pain or distress – may include cravings, anger, sadness or destructive impulses
- Different from relaxation/meditation



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Step 5: Problem Solve

- If a problem can be identified, reflect back what you notice to the patient. Be honest, specific and brief.
- Develop a plan with realistic, concrete steps—consider writing them down with the patient
- Ask the patient to summarize/commit
- Address harmful coping strategies (self harm, substance use)
- End on a positive note: identify a strength and take note of this



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Step 6: Follow Up

- Appropriate time/person
- At follow up, remember to reinforce small successes
- Debrief with staff



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Step 1: recognize the signs

Step 2: evaluate severity

Step 3: safety

Step 4: stabilize

Step 5: problem solve

Step 6: follow up



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Applying the Knowledge



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Scenario 1

A 20 yo young woman, a college student, comes to see you for a rash on abdomen. You tell her to put on a gown and you step out of the room. Her mother also leaves the room behind you to talk to you in hallway, sobbing at the same time. She is upset and tells you that her daughter has disclosed to her today that her husband, who is not the father of her daughter, has been sexually abusing her daughter since she was 11 years old. She is distraught and wants you to help her.

What do you do next?



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Scenario 2

36 yo woman who is a patient of yours who works in a warehouse is here to see you acutely for an injury that happened at work early this morning. She was transferring heavy boxes in a cart. As she was pulling it, a heavy box fell on her neck. She started to feel pain and was evaluated by warehouse manager. As she was on her way to see you in the office, she found out through a text that she is dismissed from work. She is now upset and crying in the room.

How do we approach this clinical situation?



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Scenario 3

A 58 yo man walks into the urgent care where you work stating that he is having a heart attack, having chest pain. He is quickly rushed to an exam room, where the nurse did initial vitals and history, and is getting him ready for EKG. He is a current smoker and meth user who just started rehab, and is upset that his longstanding benzodiazepine has been stopped. He is hypertensive and has family history of cardiac problems. When you come into the room, he tries to sit up during the EKG and requests you write a letter to his drug rehab facility that he needs his benzos. His voice is raised when he speaks. His diaphoretic and tachycardic with otherwise normal EKG. He refuses to go to the ER.

How do you approach this patient's problem?



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Scenario 4

Your continuity patient Debra was able to book an acute visit for her aunt Ms. B, who has been living with her for about 2 months. Ms B is 76 years old and has no children of her own. Her niece Debra was able to bring her to her home from Puerto Rico after the recent hurricanes. Ms. B has lost everything. She has arthritis, hypertension, diabetes, hyper-lipidemia and hypothyroidism. She is requesting refills of her medications. You notice that she does not make good eye contact and seems very sad. You also found out that she does not sleep well and constantly misses "home".

How will you approach various issues of this patient?



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Scenario 5

Brandy is 22 years old transgender woman (M->F) who comes with her foster mother. She was adopted at age 16, prior to which she was homeless and frequently involved in street fights, drug abuse and has been a victim of sexual assault multiple times. She has been in and out of therapy and rehab few times recently. Today she asks if you will write Suboxone for her. While you are working on your certification, you are still not able to do so. Brandy is reluctant to go anywhere else because she fears that she will not be understood. She appears agitated, biting her lips frequently. Brandy's mother is in the room, she appears desperate and tearful.

What is your approach to this patient



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Scenario 6

Your partner in the office is a 44 year old woman from southeast Asia. You have been noting that she is very quiet for last few weeks. Her evaluations from patients and students have shown that she is not very engaged and seems not herself. After asking permission from her, you ask what is going on that has affected her interactions. She initially does not say much. After your persistence, she discloses that she is on work visa for a long time and as it has taken so long in this process, her only daughter has aged out of application and she is sending her to a different country to pursue college studies. She cannot afford to send her to college in USA due to financial constraints. She is constantly worried about her daughter and also going through emotions of "empty nest syndrome". She states that she struggles to understand if she even belongs in this country.

How will you approach this situation?



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Scenario 7

You are scheduled to see a 17 yo young woman for initiation of birth control. Her male partner is with her today. They are seen by front desk staff to be arguing heatedly in the waiting room about her going to this appointment. The nurse notifies you of this. After the nurse rooms the patient (still accompanied by her partner), she comes to you concerned that the partner's body language is angry and agitated towards the patient.

What is your next move?



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Scenario 8

A 40 year old woman is scheduled for pap smear with you today. During the start of the encounter, she seems nervous. As you attempt to place the speculum, she bursts into tears and will not allow you to continue the exam, slapping your hand away.

What do you do next?



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Scenario 9

A 34 year old woman is a continuity patient of yours, and comes for a visit for dating ultrasound for a new pregnancy. She brings her teenage son with her and is clearly excited. You perform the ultrasound and are dismayed to see what appears to be an anembryonic pregnancy (nonviable). The patient reads the look on your face, and when she hears the news she becomes extremely angry and tearful. She keeps asking whether you're sure about that finding.

What will your next move be?



Resources on providing Trauma Informed Care

JBS International, Inc. and Georgetown University National Technical Assistance Center for Children's Mental Health: Trauma Informed Care: Perspectives and Resources <http://trauma.jbsinternational.com/traumatool/>

National Center for Trauma-Informed Care <https://www.samhsa.gov/nctic>

National Child Traumatic Stress Network <http://www.nctsn.org/>

National Council for Behavioral Health: Trauma-Informed Primary Care Initiative <https://www.thenationalcouncil.org/trauma-informed-primary-care-initiative-learning-community>



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