



*Observe Closely,  
Approach Carefully*

*Ask "Gentle" Questions*

*Step Back, Allow Cool-Off*

*Use "Behavioral Momentum"*

# Training and Planning Can Help Staff Manage Tense Situations

*By ROBYN SHIMMIN AND DAVID LENNOX*

**E**ver read the newspaper and see a story on the front page about a student who was treated aggressively by a security guard in school? Or a teenager in a group home who died after staff members held him down on the floor? Or a fifteen-year-old diagnosed with autism who was shot by police because he was holding a butter knife and may not have understood officers when they ordered him to drop it? So many headlines cause us to shake our heads and wonder how someone entrusted with protecting people could end up hurting someone instead.

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## TRAINING AND PLANNING CAN HELP STAFF MANAGE TENSE SITUATIONS

For each tragic story, there are many perspectives, some of which are not included in newspaper accounts. But we've got to wonder: Had any of these aides received better training, would they have made different decisions? Would injuries have been prevented? Would lives have been saved? Would costly lawsuits have been avoided?

**There are often smaller events—signals—that happen before the dangerous behavior, which may give us a “heads up” that more aggressive behavior is coming.**

The two Chicago police officers involved in a 2012 case in which an autistic fifteen-year-old was killed testified that they had worked on the force for six and thirteen years, respectively. In those years, each had participated in just one training on working with kids with autism. Think about it: What would any of us do if someone we were expected to take care of came at us with a knife, or was beating us about the face, and we had not been trained in how to prevent the situation or keep everyone, including ourselves, safe? If people don't have training in de-escalation and they don't know what else to do when a crisis occurs, they may do something that ends up being hurtful.

### **Observe Closely, Approach Carefully**

Usually, dangerous behavior doesn't occur out of the blue. There are often smaller events—signals—that happen before the dangerous behavior, which may give us a “heads up” that more aggressive behavior is coming. It's like when your five-year-old starts stomping her feet; you can expect her to scream and drop to the floor wherever you may be.

Here's what we can train our staff to do to prevent behavioral incidents: Observe more closely. Learn those signals, particularly of individuals with whom you work frequently. Communicate them to others. Then watch for the signals so that you can take steps to prevent further escalation. Triggers—events that upset, irritate and evoke escalation—are also something to consider. If staff figure out that Bob begins to escalate when other

students begin yelling, they can look for ways to keep Bob otherwise engaged when it happens in the future, or escort Bob to a quieter space.

Remember that an individual may feel overwhelmed by a lot of people coming over to “help” with a tense situation, which could, in itself, cause the crisis to intensify. Managing the de-escalation

process with help from fewer aides is less likely to increase the level of agitation.

It's important to plan your approach. Think about the last time someone stalked up to you looking angry or nervous. It was probably pretty obvious how they were feeling, right? Body language, facial expressions, and tone of voice communicate a lot. Make sure staff know to approach in a way that is not likely to be taken as aggressive. Make sure their faces and voices don't indicate that they are frustrated or angry. It is best to approach an unpredictable individual from the side, rather than head-on, for two reasons: It is safer for the individual who is approaching, and it feels less confrontational for the person being approached. Staff should not approach an agitated individual while clapping their hands behind their back. Hands and arms should be free, but not look confrontational (e.g., not crossed like a prison guard), so that if the agitated individual makes a sudden move to strike, the staff member can protect himself or herself.

### **When Escalation Continues**

Once you've decided who will lead the de-escalation process, take a look at some strategies to calm the individual. Is the individual trying to communicate something to you? Sometimes, an individual just can't figure out how to tell you what he or she needs. Try to help the individual by asking some gentle questions. A favorite is, “How can I help you?” Sometimes it can be helpful to redirect the individual to a more appropriate activity or conversation topic that will guide him or her away

from whatever is causing the escalation. Often, however, if the individual is very agitated, it is best to take a few steps back, make sure both you and others are safe, and give the individual some time to calm down. Most people make better decisions when they are calm. Once the individual has cooled off a bit, your efforts to help or redirect might be more successful. Try to remember that boldly standing in front of the individual, pointing your finger and saying, “You need to calm down!” rarely has the intended result.

Another way to facilitate de-escalation is a strategy called “behavioral momentum.” Say we're trying to get an uncooperative student to go to her social studies class. Before asking her to go, ask her to do something she can do without hesitation (for instance, “Take a deep breath” or “Let's take a walk”). Once the individual cooperates with an easy request, praise her and then prompt another move in the right direction, such as, “Hey, thanks for walking with me. Let's go take a look at that bulletin board over there. Great job staying with me. Let's walk over to your social studies class.” Once an individual begins cooperating with simple requests, and receives reinforcement for cooperating, the cooperation will often continue.

Most importantly, if the team you have assembled is not able to safely de-escalate the situation, whether it be because the members are not adequately trained or because the threat is just too great, let them know who they should call for assistance. Behavioral de-escalation courses are also a great way to give your staff some tools that they can use when they encounter a difficult situation. There are a few different programs out there; all have different approaches and procedures. Research which program most aligns with your agency's mission and goals, and provide this training to everyone who works with individuals who may become verbally or physically aggressive.

### **De-escalation Scenarios**

The following are two de-escalation scenarios. Anyone can use these strategies with an individual who is exhibiting signs of agitation or frustration—often well before things start spiraling out of control.

**Scenario 1:** A resident named Bill at a facility for adults with dementia is refusing to take a shower. An aide has been told that it is her job to shower the individual for health and safety reasons. The aide, who also works with eight other individuals, is becoming frustrated and angry, because Bill won't cooperate with any of her requests, and she was given only two hours to assist nine people. The aide has tried cajoling, pleading and demanding, but Bill just keeps getting angrier and is now attempting to hit the aide. The aide might want to take a step back, keep herself and Bill safe, and wait for Bill to take a step down in agitation. She might want to look at how she's standing, how her facial expressions and tone of voice are being interpreted by Bill. The aide might then praise Bill for something he's doing well (rather than continuing to point out that he's not cooperating). Maybe she can offer him some choices, such as taking a shower now or in thirty minutes, after she assists someone else. No one likes to be told they must do something—everyone appreci-

ates making their own decisions in life, even if those decisions might seem small to someone else. The aide might give Bill some time, and then attempt another gentle, neutral prompt. Or perhaps she might try finding out what Bill finds upsetting about the shower. Maybe the water is too cold, or maybe Bill is afraid of the water coming from above. Perhaps he would be OK with a bath instead.

**Scenario 2:** EMTs have arrived to help a woman who has called for assistance because she is having trouble breathing. Her daughter Emily, a seventeen-year-old with autism, is completely overwhelmed by the sirens, loud voices, and all the new people who are entering her house, bringing scary machines and trying to touch (hurt?) her mother. Emily reacts by hitting and biting the first responders when they attempt to guide her away. It's possible that the EMTs would choose to restrain Emily. While this might be appropriate in some cases, restraining an individual is an option that carries significant risk of harm, and it may be more restrictive than the

situation warrants. Instead, if the EMTs are trained in de-escalation procedures and some less restrictive ways to physically guide an individual to a safer place, they might choose a different way to handle the situation. These first responders could work as a team with one or two people concentrating on the mother's medical needs, and another responder using safety habits and de-escalation techniques like the ones described above. Asking Emily to engage in some easy behaviors—such as, “Emily, look at me,” “Hold this piece of paper,” “Sit with me”—and then praising her each time she cooperates, might give Emily some time to de-escalate away from the action. Once Emily is a bit calmer, she might be more open to hearing and following prompts given by medical personnel.

There's no immediate “fix” to stop someone from exhibiting dangerous behaviors. What is helpful or safe in one situation might not be helpful or safe in another. But it is best if all of the folks helping our most vulnerable citizens have all the tools we can give them. 🌟

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