

“Calm Down...

Managing and De-Escalating Problem Behaviors”

by Steve Parese, Ed.D. (2013)

SUMMARY: Dealing with rude, belligerent, challenging individuals can be an everyday occurrence in the human services professions. Effective staff members must be able to safely contain dangerous situations before they explode. But they must also skillfully manage non-dangerous situations without escalating them into unnecessary power struggles.

This brief article first explores strategies for addressing unsafe crises, then offer diagnostic cues for separating two psychological sources of behavior problems - deliberate and emotional. Finally, it offers specific techniques to help professionals manage these problems safely and effectively.



Therapeutic Behavior Management

To effectively manage potentially explosive problems in our service centers, staff must use a firm, fair and consistent approach. Yet we come from such different backgrounds, and often disagree on how to handle challenging behavior. Without a common framework to guide behavior management decisions, staff are all too likely to react to problems based on their separate personal and professional perspectives.

The Therapeutic Behavior Management (TBM) Model provides this framework and guidance, helping staff find common ground to make intelligent, therapeutic decisions in difficult situations.

Handling Dangerous Situations

The TBM Model suggests that the very first thing staff must do when facing a challenging situation is to assess the danger level. Consider the individuals involved, the setting, the number and strengths of staff available, then ask: “Is this situation immediately dangerous, or not?”

Immediately dangerous situations:

- Adam is told that his benefits are being suspended. He storms through the center, brandishing a folding chair as a weapon.
- Brandi enters the job center in rage. She yells profane threats at staff, then pushes one who tries to calm her down.
- Charlotte is weeping, talking to herself irrationally and she repeatedly punches herself in the face.

With immediately dangerous behaviors such as these, we have very few choices. Our goal is to protect the individuals involved, assuring safety and security. Our responses may include:

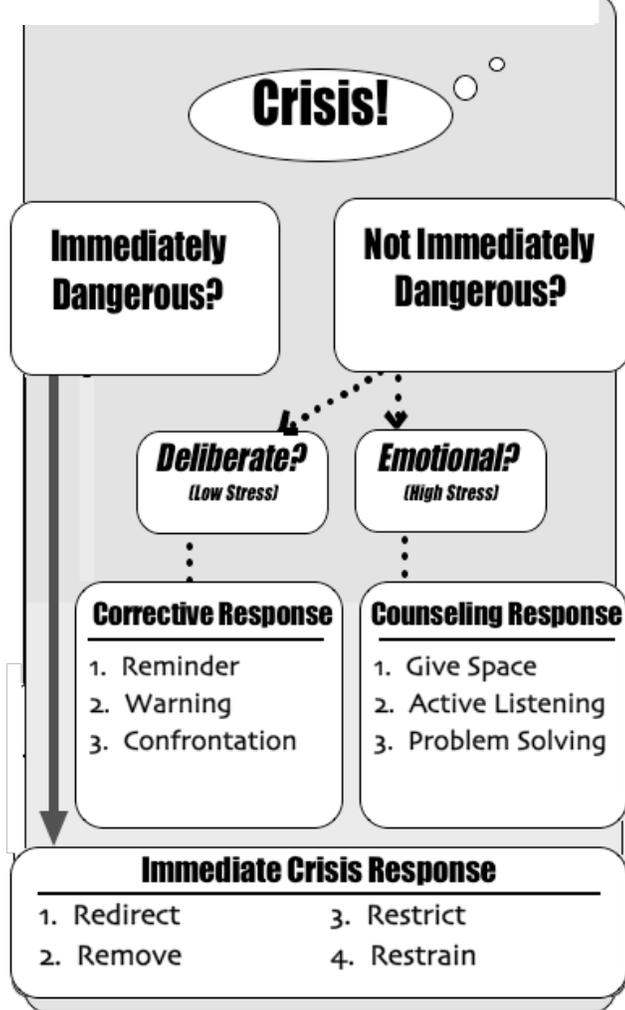
- (1) Redirection: Calm, clear, no-nonsense request to stop a dangerous behavior;
- (2) Removal: Moving a dangerous (or endangered) person to a safer location;
- (3) Restriction: Preventing a dangerous individual from entering a safe area; and/or
- (4) Restraint: Using physical force to protect self or others (or call law enforcement to do so).

Intervention with dangerous behavior:

Situation: Adam is moving toward the reception area with a metal folding chair in his hands.

Intervention: A nearby staff member catches his eye, raises his hands palms up, and in a low, clear tone of voice says: "Adam? Adam, look at me. Put it down, right now, please." While Adam is distracted, a second staff member quietly clears the reception area of waiting customers.

Therapeutic Behavior Management (TBM)



Assessing the Psychological Source

When behaviors are not immediately dangerous, we have more choices available. But to make the right choice, we must assess the psychological source of the problem. Consider everything you know about the person, peers, and precursors to this problem, then ask: "Why is this individual acting this way? Is it deliberate or emotional?"

For example:

- Robert, one of your more disruptive customers, is laughing and cursing loudly into his cell phone in the waiting area, disturbing others and offending parents with children.
- Stephanie and her friends are mercilessly teasing the new girl in their job skills class, mocking her unfortunate stuttering.
- Tanya, the young lady with the stutter, is unable to respond to the humiliation. She drops her books on the floor and rushes off with tears in her eyes.
- Vince is sitting in your office, his eyes red and body trembling as he describes losing both his job and his wife in the past week.

Our goal in non-dangerous situations like those above is not simply to control the behavior. We want to manage these problems in a way that calms the individual and re-establishes a productive working environment. The tools we choose will depend on our assessment of the psychological source of the behavior. Is it deliberate or emotional?

Deliberate behaviors are intentional actions which meet the individual's social needs at the expense of others. Deliberate problems are often part of their normal behavior pattern, and do not have underlying emotional issues involved. Thinking is rational and the stress level is fairly low, so body language is often calm. (Robert and Stephanie above appear to be acting out in a deliberate manner.)

Emotional behaviors are an overreaction to a stressful problem. They are usually fueled by an underlying emotional issue -- either an upsetting situation on the individual's mind, or past trauma issue which has been triggered. Emotional clients might be frustrated with one person, but take it out on another. They are often irrational, highly agitated, and extremely stressed, so body language is often intense. (Tanya and Vince above appear to be acting out in an emotional manner.)

Handling Deliberate Behaviors

The TBM Model suggests that non-dangerous *deliberate problems call for behavioral correction*. Our goal is to interrupt the misbehavior and get things back on track with minimal disruption.

Initially, we might (1) Provide a friendly reminder or redirection. Failing that, we might (2) Offer a fair warning of reasonable consequences, then (3) Firmly apply those consequences if needed. If these options do not work, we may look for help from other staff involved, or simply ask the individual to leave, hoping that a change of settings results in a change of heart as well.

Intervention with deliberate misbehavior:

Situation: Robert is laughing and cursing loudly into his cell phone in the waiting area, disturbing others and offending parents with children.

Intervention: The receptionist leans over and says: "Robert, I've asked you to watch your volume and your language. One more chance: Either keep it polite, take it outside, or you'll be asked to come back tomorrow. Don't make me be the bad guy."



The immediate goal when intervening with Robert is not to teach him who is in charge. It is to encourage him to self-correct, and minimize the impact of his behavior.

.....
“Our goal (with deliberate problems) is to get things back on track with minimal disruption.”
.....

De-Escalating Emotional Behaviors

While deliberate problems often respond well to warnings of consequences, *emotional problems call for counseling* instead. Our goal is to first de-escalate the issue, and ultimately help the customer learn skills to avoid similar issues in the future.

If a person is extremely agitated, we might (1) Give her time and space to calm down. As she de-escalates, we should (2) Listen carefully to allow her to vent, then (3) Help her find solutions to the problem.

.....
“Our goal (with emotional problems) is to de-escalate the issue and help the customer learn skills.”
.....

Intervention with emotional behavior:

Situation: Tanya, a new girl with a stutter, huddles in the corner with tears in her eyes after being teased mercilessly by Stephanie.

Intervention: A staff member quietly says: "Tanya, I can see how upset you are right now. Would you like to take a minute to yourself in my office? I'll come by in a moment and maybe together we can work this out."

The immediate goal when intervening with Tanya is not to solve her problem. It is to calm her down, readying her to find her own solution to the situation.

Using Active Listening

Active Listening is a helpful skill when trying to de-escalate emotionally worked-up individuals. By truly listening (rather than simply waiting our turn to talk), we validate a person's worth, communicate our desire to help, and gather important details we can later use to help problem solve.

There are three levels of active listening:

Attending (Showing through our actions and words that we are truly paying attention).

Decoding (Reading body language, facial expressions and other cues to interpret deeper meaning).

Reflecting (Showing understanding and empathy by paraphrasing an emotional statement).

Active Listening with emotional behavior:

Situation: Tanya calms down enough to explain: "I'm so c-c-confused! I'm just trying to f-f-fit in. Stephanie promised that I could be her friend if I b-b-brought her some money for lunch, but she's just as mean to me now as she was b-b-before! It's just not fair!"

Intervention: A staff member nods sympathetically and says: "I can see how hurt you are. You were expecting Stephanie to be more friendly if you gave her what she wanted, but it hasn't worked out that way. I don't blame you for being confused. Let's try to figure this out..."



Closing

Challenging people are served in many different settings by staff with many different perspectives, and they misbehave for many different reasons. Being firm, fair, and consistent is vital to our success in maintaining safe and productive environments, but we must also be flexible in considering the source of problems.

.....
“Being firm, fair, and consistent is vital, but we must also be flexible in considering the source of problems.”
.....

The TBM Model offers a framework to guide decisions in critical situations. Staff must first assess danger level. If the behavior presents an imminent threat of harm to self or others, we should try redirection, removal, restriction, or call law enforcement.

If there is not an imminent threat of harm however, the TBM Model suggests that we assess the psychological source of the problem. Deliberate behaviors, which are often intentional, rational, and needs-fulfilling, usually respond well to behavior management strategies. However, emotional issues, often sparked by outside problems and fueled by high stress, require more subtle counseling strategies instead.

Choosing the best tools for the job is an essential part of any craft, including that of our handiwork with difficult adults and youth.

For more information about certification-based training in “Therapeutic Behavior Management” (TBM) or in workplace soft skills, please contact Dr. Steve Parese (SBParese@aol.com)

Dr. Steve Parese
Danbury, NC 27016
SBParese@aol.com 336-593-3533
Soft Skills: www.WorkinItOut.com Crisis Intervention: www.TACT2.com