



Deescalate, Ground, Cope: Staff Interventions for Trauma-Informed Care

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F699

- *The facility must ensure that residents who are trauma survivors receive **culturally competent**, trauma-informed care in accordance with **professional standards of practice** and accounting for residents' experiences and preferences in order to eliminate or mitigate triggers that may cause re-traumatization of the resident.*



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F699

- *Caring for residents with mental and psychosocial disorders, as well as residents with a history of trauma and/or post-traumatic stress disorder, that have been identified in the facility assessment conducted pursuant to §483.70(e), and as linked to history of trauma and/or post-traumatic stress disorder, was implemented 11/28/19.*



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Signs of Hyperventilating

- *Feeling lightheaded, dizzy, weak, or not able to think straight.*
- *Feeling as if you can't catch your breath.*
- *Chest pain or fast and pounding heartbeat.*
- *Belching or bloating.*
- *Dry mouth.*
- *Muscle spasms in the hands and feet.*
- *Numbness and tingling in the arms or around the mouth.*
- *Problems sleeping.*

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Hyperventilating

- **Breathing Methods:**

- ✓ *Breathe through pursed lips, as if you are whistling. Or pinch one nostril and breathe through your nose. It is harder to hyperventilate through your nose or through pursed lips because you can't move as much air.*
- ✓ *Slow your breathing to 1 breath every 5 seconds, or slow enough that symptoms gradually go away.*



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Hyperventilating

- **Breathing Methods:**

- ✓ *Try belly-breathing. This fills your lungs fully, slows your breathing rate, and helps you relax.*
 - *Place one hand on your belly just below the ribs. Place the other hand on your chest.*
 - *Take a deep breath through your nose. As you breathe in, let your belly push your hand out. Keep your chest still.*
 - *As you breathe out through pursed lips, feel your hand go down. Use the hand on your belly to help you push all the air out. Take your time breathing out.*
 - *Repeat these steps 3 to 10 times. Take your time with each breath.*

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Hyperventilating

- *Using a paper bag:*
 - ✓ *Have the person breathe slowly into a paper bag that's held closely around his or her mouth and nose.*
 - ✓ *The person should breathe like this for 5-7 minutes.*
 - ✓ *Talk to the individual the entire time. Try to distract him or her and make the person feel comfortable and safe.*



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Hyperventilating

- *DO NOT use a paper bag:*
 - ✓ *The person has any heart or lung problems.*
 - ✓ *Rapid breathing happens at a high altitude. Breathing faster than normal is a natural response to high altitude.*



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Hyperventilating

- *Safety measures when using a paper bag:*
 - ✓ *Do not use a plastic bag.*
 - ✓ *Do not let person breathe continuously into a paper bag. Have them take 6 to 12 natural breaths with a paper bag held over their mouth and nose. Then have them remove the bag from their nose and mouth.*
 - ✓ *Do not hold the bag for a person who is hyperventilating. Let the person hold the bag over his or her own mouth and nose.*



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Hyperventilating

- *Words like “you are doing fine,” “you are not having a heart attack” and “you are not going to die” are very helpful.*
- *It is extremely important that the person helping you remain calm and deliver these messages with a soft, relaxed tone.*



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Signs of a Panic Attack

- *Heart palpitations*
- *Chest pain*
- *Stomach pain*
- *Muscle tension*
- *Nausea*
- *Shortness of breath*
- *Light-headedness*

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Signs of a Panic Attack

- *Sweating*
- *Chills*
- *Choking sensations*
- *Shaking*
- *Trembling*
- *Dry mouth*
- *Tingling sensations*

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Panic Attacks

- *Stay calm. Speak slowly, breathe deeply, and avoid getting impatient or distressed.*
- *Suggest a change of location.*
- *Encourage them to sit down, if standing.*
- *Give them something to focus on.*
- *Encouragement movement. A short walk can help.*

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Panic Attacks

- *Techniques to try...*
 - ✓ *4-7-8 breathing technique: Inhaling deeply for four seconds, holding your breath for seven seconds, and exhaling for eight seconds has been shown to reduce heart rate, stress, and muscle tension.*
 - ✓ *Tense and release: Guide the person through 10 seconds of clenching their fists while breathing in, following by five seconds of relaxing their fists.*

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Panic Attacks

- *Techniques to try...*
 - ✓ *5-4-3-2-1 technique: This is a classic grounding technique in which you name five things you can see, four things you can touch, three things you can hear, two things you can smell, and one thing you can taste.*

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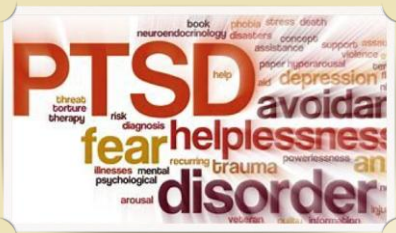
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Panic Attacks

- *Techniques to try...*
 - ✓ *Counting: Prompt them to complete simple but repetitive mental tasks, such as counting backwards from 100.*
 - ✓ *Mantras: Ask the person to repeat positive affirmations or soothing phrases, such as "I am OK" or "I am safe."*

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PTSD

Post-Traumatic Stress Disorder

- Symptoms usually begin within 3 months of the traumatic event, but they sometimes emerge later.
- To meet the criteria for PTSD, a person must have symptoms for longer than 1 month, and the symptoms must be severe enough to interfere with aspects of daily life, such as relationships or work.
- The symptoms also must be unrelated to medication, substance use, or other illness.

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PTSD

Post-Traumatic Stress Disorder



- Come from behind and startle them.
- Touch them without their permission.
- Yell at them if they are experiencing a flashback.
- Minimize their experience.
- Tell them that it's been years and to get over it.

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PTSD

Post-Traumatic Stress Disorder

- *Force them to face their triggers too soon and without appropriate support.*
- *Tell them that everyone experiences 'trauma' and that they should not be 'that' traumatized.*
- *Deny their abuse or their war experience, or their rape, or their near-death experience.*

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PTSD

Post-Traumatic Stress Disorder

- *Belittle them for their symptoms, especially by saying that men don't get scared, or cry, or experience anxiety.*
- *Compare your 'trauma' to theirs as a way to say that they are not any worse off than you are.*
- *Refuse to listen if they need to talk because it scares you, or disgusts you.*

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PTSD

Post-Traumatic Stress Disorder

- *Force interactions with their abusers.*
- *Blame them for the abuse, the accident, the rape, the war situation.*
- *Minimize their suicidal thoughts or attempts.*

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PTSD

Post-Traumatic Stress Disorder



- **Grounding** is one example of techniques used to help bring the person experiencing the symptoms of a trigger; this involves bringing the mind to focus on the present moment.

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PTSD

- ***A simple way to do this is to do the 5 Senses Exercise:***
 - 1. Name 5 things you can see in the room right now***
 - 2. Name 4 things you can feel right now (feet on the floor, soft t-shirt)***
 - 3. Name 3 things you can hear right now (TV, birds outside)***
 - 4. Name 2 things you can smell now***
 - 5. Name 1 good thing about yourself***

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PTSD



- ***Other Interventions:***
 - ✓ ***Remind the resident that it's a flashback and it will pass;***
 - ✓ ***Help ground the resident in the present moment, to remind them that they're safe.***
 - ✓ ***Encourage the resident to take long, cleansing breaths.***

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PTSD



- **Other Interventions:**
 - ✓ **Encourage the resident to use all five senses. For example, notice the paint color on the wall, listen to the sounds outside or in the hallways/dining room/etc., feel the clothes on their body.**
 - ✓ **Let them know that they are here now, in the present, and that they are safe;**

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PTSD



- **Other Interventions:**
 - ✓ **Bolster their boundaries with whatever they need to feel safe. This could be wrapping their body in a blanket, getting them to hold a pillow, embracing a stuffed animal or real pet, sitting in a small closed space, lying in bed, or going to a sacred space;**

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PTSD



- **Other Interventions:**
 - ✓ *Encourage them to hold a special object to ground them;*
 - ✓ *Take them for a walk or spend some time in nature;*
 - ✓ *Get them to try to remember something that really makes them laugh;*

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PTSD



- **Other Interventions:**
 - ✓ *Encourage them to do an easy and repetitive activity like knitting, or practice meditation;*
 - ✓ *If they need to cry, let them, and give them permission to feel terrible. Explain that they don't have to try to stuff their feelings down;*

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PTSD

- **Other Interventions:**
 - ✓ *Try to get them not to keep their feelings inside.*
 - ✓ *Encourage them to share with someone they trust, and allow that person to help support them when they're feeling vulnerable;*

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PTSD

- **Other Interventions:**
 - ✓ *Explain that they can take whatever time they need to recover. This could involve taking a bath, reading a book, drinking some tea, writing in a journal, or having a nap;*

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PTSD

- **Other Interventions:**
 - ✓ *Remind them to be kind to themselves and to not beat themselves up for having a flashback; to not to be self-critical and think that they should be better, stronger, or farther along in their recovery.*

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PTSD

- **Other Interventions:**
 - ✓ *Remind them to honor their experience and where they are in the moment;*
 - ✓ *Remind them to be patient and loving with themselves. Healing and learning effective coping strategies takes time.*

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INTERVENTIONS

- *Listening. Survivors of sexual trauma need to be heard.*
- *If someone has decided to talk to you about their experiences, let them talk!*
- *They should feel they can talk as much or as little as they want or need.*
- *Let them talk at their own pace and try not to ask too many questions; let them know you have heard what they are telling you.*

Interventions

- *Understand: Find out about the myths and facts around sexual violence, the effects of trauma and what support is available locally and nationally.*
- *This can help you see things objectively and understand a little more what your resident/ friend / partner / family member is experiencing, as well as help them feel supported and validated.*

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Interventions

- *Validate: It is important that you acknowledge any feelings the survivor is expressing and let them know that these are a normal response to their experiences.*
- *Whatever their reactions (emotional, behavioral, physical) these are normal reactions to an abnormal situation.*
- *Don't tell them that it happened a long time ago and they should be 'over it' by now.*

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Interventions

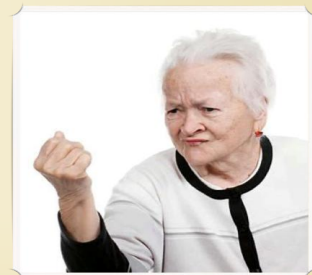
- *Do listen.*
- *Do believe them.*
- *Do remember that it's not their fault.*
- *Do recognize how tough it might have been for them to tell you.*
- *Do let them stay in control.*
- *Do respect their decisions.*
- *Do be patient - and respect their boundaries.*

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De-escalating Techniques

1. *Maintain proper distance (3 to 6 feet) from residents who have a history of violence or combativeness.*
2. *Respect the resident's personal space.*



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De-escalating Techniques

- 3. Maintain an open stance. Stand at an angle, palms open – no hands on hips, crossing of arms or pointing fingers.*
- 4. Maintain appropriate eye contact and facial expressions.*
- 5. Project a calm attitude*



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De-escalating Techniques

- 6. Utilize active listening skills, acknowledging the resident is upset and asking for their recommendations to correct the problem.*
- 7. Don't take it personally – it's not about you! Manage your own*



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De-escalating Techniques

9. *Remain nonjudgmental, show empathy, and let the resident know you want to address his/her concerns.*
10. *Be aware of your tone of voice, volume and rate that you speak. Be calm, speaker clearly and slowly in a moderate tone. Speaking too fast or too slowly conveys agitation and loss of control.*

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De-escalating Techniques

11. *Use the resident's name in a respectful manner.*
12. *Set non-negotiable limits. Give residents clear choices and consequences for their actions. For example, "If you refrain from using profanity, we can discuss your concerns."*

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Memorize the four Ds:

- 1. Disarming: engage in conversation with a resident only after he/she has “cooled down.”*
- 2. Diverting: shift the focus from the resident’s angry behavior to the issues behind the angry behavior.*

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Memorize the four Ds:

- 3. Diffusing: remain calm and refuse to escalate angry behavior by reinforcing it with verbal retaliation or aggressive body language.*
- 4. Deflecting: Use silence selectively as a means of ignoring verbal attacks.*

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Preventive Strategies:

1. Build Predictable Routines

- ✓ *Routines create safety and reduce anxiety*
- ✓ *Avoid surprises when possible — **prepare them for changes** in schedule or care*

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Preventive Strategies:

2. Empower choice and autonomy

- ✓ *Let them choose!*
- ✓ *Feeling powerless is a major trigger for anger*

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Preventive Strategies:

3. Identify and reduce triggers

- ✓ ***Keep a log*** of what happened before aggressive episodes (time, people, care tasks, sounds, etc.)
- ✓ ***Common triggers:*** loud noises, certain caregivers, specific care routines (bathing, toileting)

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Preventive Strategies:

4. Use Sensory Soothing Techniques

- ✓ ***Calming music***
- ✓ ***Weighted blankets***
- ✓ ***Aromatherapy*** (lavender, eucalyptus)
- ✓ ***Gentle hand massage***

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De-Escalation Preferences Form*

This form is a guide to help you gather information and develop personalized de-escalation strategies. Person-centered, trauma-informed de-escalation strategies are powerful prevention tools to help you avert difficult behaviors, and avoid restraint and seclusion. Use this form to develop strategies that are unique to your environment and to the patients and colleagues you're surrounded by.

Name: _____

Date: _____

1. It's helpful for us to be aware of the things that can help you feel better when you're having a hard time. Have any of the following ever worked for you? We may not be able to offer all these alternatives, but I'd like us to work together to figure out how we can best help you.

☐ Listening to music.	☐ Playing a computer game.
☐ Reading a newspaper/book.	☐ Using ice on your body.
☐ Sitting by the waiting room, lobby, etc.	☐ Breathing exercises.
☐ Watching TV.	☐ Putting your hands under running water.
☐ Talking with a peer.	☐ Going for a walk with staff.
☐ Walking the halls.	☐ Lying down with a cold facecloth.
☐ Talking with staff.	☐ Wrapping up in a blanket.
☐ Calling a friend.	☐ Using a weighted vest.
☐ Having your hand held.	☐ Voluntary time out in a quiet room.
☐ Calling your therapist.	☐ Voluntary time out (anywhere specific?): _____
☐ Getting a hug.	_____
☐ Pounding some clay.	☐ Other: _____
☐ Punching a pillow.	_____
☐ Physical exercise.	_____
☐ Writing in your diary/journal.	_____

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2. Is there a person who's been helpful to you when you've been upset?

____ Yes ____ No

If you are not able to give us information, do we have your permission to call and speak to:

Name: _____ Phone: _____

____ Yes ____ No

If you agree that we can call to get information, sign below:

Signature: _____

Date: _____

Witness: _____

Date: _____

3. What are some of the thing that make it more difficult for you when you're already upset? Are there particular "triggers" that you know will cause you to escalate?

☐ Being touched.

☐ Being isolated.

☐ Door open.

☐ People in uniform.

☐ Loud noise.

☐ Yelling.

☐ A particular time of day (when?): _____

☐ A time of the year (when?): _____

☐ Specific scents (please explain): _____

☐ Not having control/input (please explain): _____

☐ Others (please list): _____

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4. Have you ever been restrained?

☐ Yes ☐ No

When: _____

Where: _____

Please describe what happened:

5. Do you have a preference regarding the gender of staff assigned to respond during a crisis?

☐ Female staff ☐ Male staff ☐ No preference

6. Is there anything that would assist you in feeling safe here? Please describe:

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Crisis Prevention Institute

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