Staying With the Moment: Building Real-Time Skills for De-Escalation and Human Connection

Welcome!

Values:

- Curiosity
- Compassion
- Non-judgment
- Mutual care
  - We are all responsible for creating a safe, effective, and trauma informed environment

Welcome!

This is a safe space to try things, not get things perfect.

- "Failure is only the opportunity to begin again. Only this time, more wisely." – Uncle Iroh, Dragon of the West

De-escalation is about staying connected, even when it's hard.

Trauma Dump

- CDC Kaiser Permanente Study in the 90s - focused on obesity
- Found links between childhood trauma, chronic disease, and mental health issues.
- This study gave us the ACEs
  - Adverse Childhood Experiences

Trauma Dump

- The stress from experiences can lead to changes in the brain, hindering development.
  - Development stops when trauma begins.

- This stress becomes chronic/toxic as the child lives in a near constant state of flight or flight.
- This complex trauma and stress can lead to increased chances of negative health outcomes

Behavioral Health Concerns Associated with ACEs

Lack of physical activity

Smoking

Alcoholism

Drug use

Missed work

Physical & Mental Health Concerns Associated with ACEs

Severe obesity

Diabetes

Depression

Suicide attempts

STDs

Heart disease

Cancer

Stroke

COPD

Broken bones

Childhood Domestic Violence Association

Trauma Dump

- In addition to the negative health risks, Toxic Stress from living in a near constant state of flight or flight also affects:
  - Attention Span
  - Problem Solving
  - Decision Making
  - Emotional Regulation
  - Memory
  - Social Behavior
- Function shifts from frontal and prefrontal cortex to the amygdala – From higher order cognitive functioning (rational thought) to survival
- IQ research – each stage of hyperarousal resulted in 10 pt IQ drop

ACEs and Adult Homelessness

- Nearly nine in ten homeless adults have been exposed to at least one early traumatic experience as children
- More than half of homeless adults have been exposed to four or more early traumatic experiences as children.
- Does any of this sound like your clients?

The Human Connection

According to "The Connection Prescription" published in American Journal of Lifestyle Medicine:

- "Social connection has substantial impacts in many categories of health from weight management, diabetes, cardiovascular disease, cancer, and depression."
- "Some psychiatrists go so far as comparing social connection to vitamins: just as we need vitamin C each day, we also need a dose of the human moment—positive contact with other people."

https://pmc.ncbi.nlm.nih.gov/articles/PMC6125010/#bibr13-1559827615608788

The Human Connection

Trust Based Relational Interventions (TBRI)

- Trauma informed care model for youth from hard places
  - Empowerment
  - Connection
  - Correction

- TBRI Pilot
  - https://nurturing-change.org/
  - https://www.connectionsifs.org/

Power Over vs. Power With

- Power struggles
  - With children? You will never win except through coercion or manipulation - and then did you even really win?
  - How about with Adults?
  - Erodes Connection

Social Signaling

What are you bringing into the interaction?

- Be aware of your spatial relation to the person and the environment
- Be aware of your own status

- **Story: 2 youth at the south shelter**

- **Be aware of:**
- Where you are positioned:
  - too close, too far, blocking exits, standing behind, etc
- Body language:
  - Are you giving aggressive?
  - Palms out, soften your face, slow your speech, lower your volume, control your breathing
- Leave your personal life at home

Survival of the Fittest

- Misbehaviors and Survival
- There is a reason for every behavior
- T’s Story

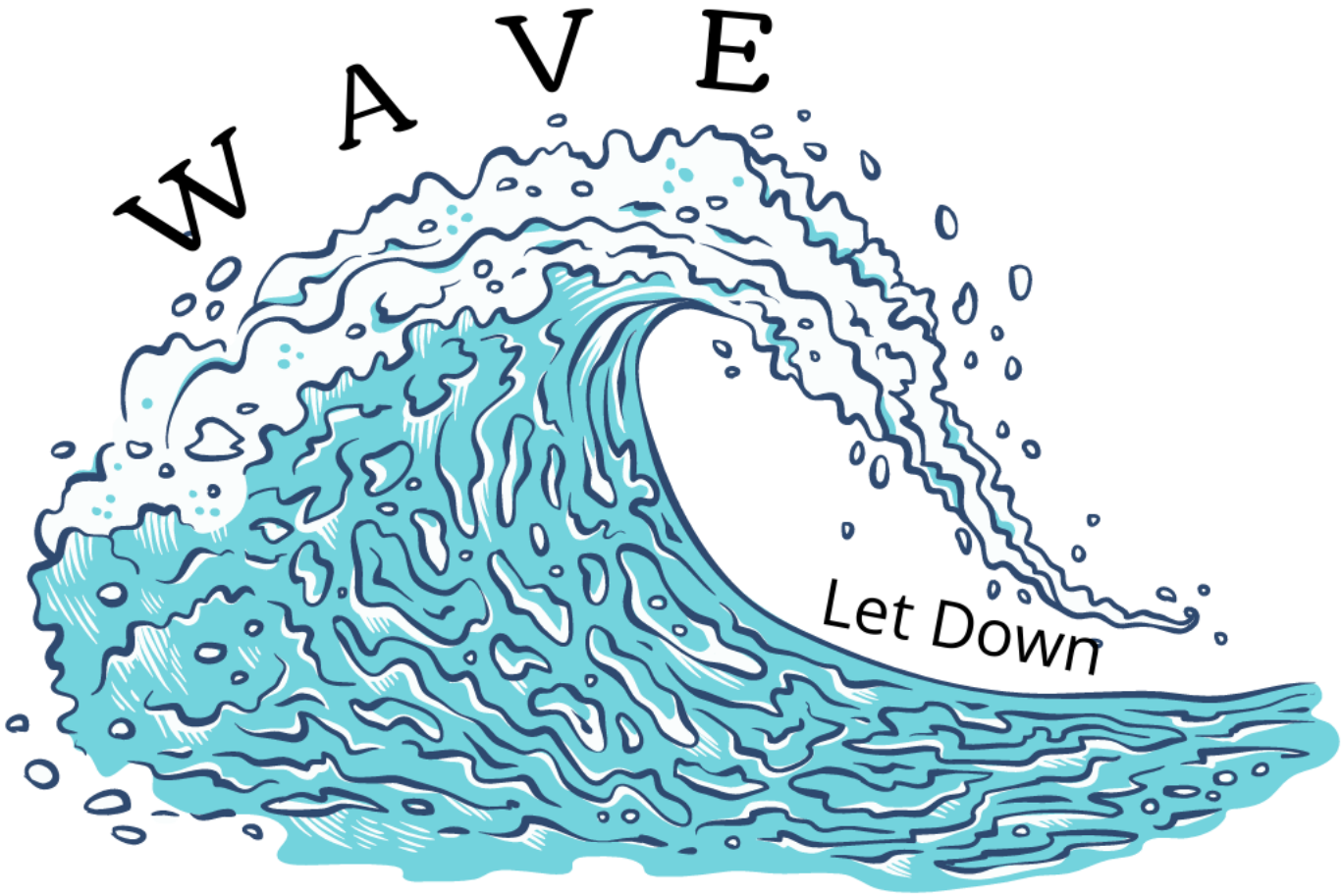
De-Escalation Skills

Practical Application

Behavior Focused Questions

1. What are you doing?
2. What are you supposed to be doing?
3. What's going to happen if you keep doing what you're doing?
4. Do you want that to happen?
5. What are you going to do now?

The Crisis Wave



Wind Up

- Increased activity
- Repetitive activty such as pacing
- Self-absorption, such as muttering to self
- Uncharacteristic beahviors

Agitation

- Loud, angry verbalization, or silence with more physical agitation
- Questioning staff
- Inabiliy to follow directions
- Same behaviors seen in wind up, just more intense

Verbal Abuse

- Yelling, screaming, or cursing
- Threatening others
- Direct challenges

Explosion

- Out of control and has become violent
- Hitting someone
- Kicking someone

Wind Up

- Manage yourself
- Use nonverbal and verbal blending
- Use "Behavior Focus Questions"
- Listen
- Remove source of agitation or youth from the source
- Engage them in simple relaxation
- Divert their attention
- Remind them of their own safety strategies
- Use problem solving and conflict resolution skills
- Support them in taking self-directed time out

Agitation

- Manage yourself
- Give information, if sought
- Use surprise or humor
- Set limits and give choices
- Use "Behavior Focus Questions"
- Do not argue, even if questioning authority
- Acknowledge no one wants to make them do anything
- Remind them of past successes

Verbal Abuse

- Manage yourself
- Say little, make remarks to the point
- Do nothing, if appropriate
- Resist raising your voice, refuse to argue
- Allow venting if it helps
- Reassure
- Prepare for explosion, get help if needed

Explosion

- Manage yourself
- Back off if possible and get help
- Use physical blending techniques, the least amount of intervention necessary to protect and maintain safety
- If using physical intervention, constantly monitor youth for physical and emotional distress
- Stop the restraint when the immediate danger has passed, as soon as it is safe no more than 5 minutes

Let Down

No longer out of control

Signs

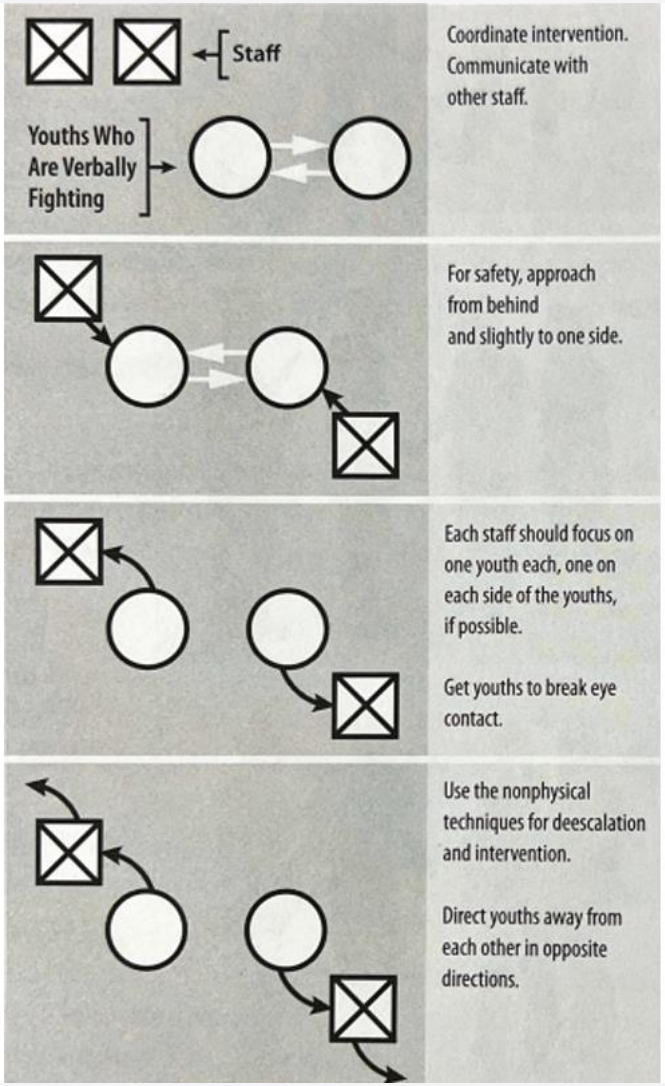
- May de-escalate slowly, going almost backward through WAVE
- Signs of physical and emotional exhaustion or a need to sleep
- Express remorse, fear, or give excuses for behavior

Staff Interventions

- As the youth de-escalates, support efforts to regain self-control
- If youth needs to rest, let them do so. Use relaxation exercises, if appropriate.
- Reestablish contact with the youth.

NON PHYSICAL

Intervention Model



SKILLS LAB

Split into pairs or small groups and rotate through 2–3 scenario stations.

INTERVENTION RECAP

- Manage self
- Listen actively
- Provide Information
- Reassure & emphasize felt safety
- Set limits, give choices
- Do nothing, if appropriate
- Get help

Scenario Groups

Situation 1: Scenario 1: Verbal Aggression After a Rule is Enforced
A youth is told they cannot leave the group outing early due to safety protocols. They begin yelling at the staff, pacing, and using profanity.

De-escalation Focus:

- Staying calm and non-reactive
- Maintaining personal space
- Using a calm tone and validating feelings
- Offering choices / Behavior Focused Questions

Situation 2: Peer Conflict Turns Physical
Two youth start arguing over a shared resource (e.g., a game console). One pushes the other. It's escalating rapidly.

De-escalation Focus:

- Quick assessment and separation
- Avoiding power struggles or blame
- Using non-threatening body language
- Redirecting focus and creating physical/psychological safety
- Physical intervention (if necessary)

Situation 3: Escalation Triggered by Staff Misstep
A staff unintentionally uses a trigger word or tone (e.g., sounds condescending), and the client becomes defensive and angry.

De-escalation Focus:

- Acknowledging the impact without defensiveness
- Apologizing sincerely if appropriate
- Clarifying intentions while validating feelings
- Resetting the tone of the interaction

Debrief

- What worked? What was hard? What surprised you?
- What did you notice in your body?
- Shared Tools:
  - Language, Approaches, Cues

Outro

- Please write down 1–2 phrases, gestures, or techniques you want to try
- Are there any appreciations or insights you'd like to share?
- Take a deep breath in, release, we did it!