

ZERO COERCION



ERASMUS + EUROPEAN PROJECT

TRAINING MATERIALS_4

2019-1-ES01-KA204-065856



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ZERO COERCION IN MENTAL HEALTH

TRAINING PROGRAM FOR THE MANAGEMENT OF SCHIZOPHRENIA
CRISIS IN HOME ENVIRONMENTS

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WHAT ARE WE GOING TO WORK IN TODAY'S SESSION?

- We are going to listen to what our emotions tell us through situations:
 - Lived and experienced
 - What we would like to see happen or not
- It is important to detect which elements make you feel good and which do not in order to know how to act in situations of discomfort.



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It is important that you read each situation without rushing, and that you do so being honest with yourself. If something I do not like or I would not like to happen, I must give a negative sign. If, on the other hand, I like it, it reassures me or I know it could help me, I will use a positive sign.

We started!



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*Thank
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Questionnaire "assessing my discomfort"

We will evaluate our situations of discomfort. Read each situation without rushing and do so being honest with yourself. If something you do not like or would not like to happen when you are in a situation of turmoil, you should give a negative sign. If, on the contrary, you like it, it reassures you or you know that it can help you, you will use a positive sign.

SITUATION	+ I feel better	- I feel worse
If they touch me		
If they ignore me		
If they speak to me		
If they ask me what's wrong with me		
If they send me to my room		
If they give me medication		
If they give me something to eat or drink		
If they yell at me		
If they put me music		
If they get mad at me		
If they grab me to calm me down		
If they hug me		
If they ask me to tell them what happens to me		
If they ignore me		
If they call the doctor		
If they call another person (family member, friend, partner etc)		
If you stay by my side in silence		
If I go for a walk, do sports etc		
Observations:		



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Training program for the management of schizophrenia crisis in home environments



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WHAT ARE WE GOING TO WORK IN TODAY'S SESSION?

- Let's think about the things we do to support the people we care about in those moments when they begin to experience discomfort.
- It is important to detect what we do, what we say or what we transmit because only then will we know if we are really helping them



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It is important that you read each situation slowly, and that you do so being honest with yourself. If you feel identified with any of the behaviors that appear in the questionnaire, mark it with an X, while if you do not carry out any of these actions, you can leave it blank.

We started!



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QUESTIONNAIRE "Acting in the situation of discomfort"

We are going to evaluate how we act in a situation of discomfort of the person that matters to me. Read each situation without rushing and do so being honest with yourself. Mark with an "X" the actions you take in these situations.

When I witness a situation of discomfort of the person that matters to me ...	Mark with an X"
I usually talk to him while I touch him/her to calm him down	
I give him time and leave him to his own devices to avoid reinforcing him/her or making him/her more nervous	
I speak to him to try to make him/her come to his senses	
I ask him about the reason for his discomfort and I insist until he tells me, if I don't know, I can't help him	
I send him to another room or room so that he can change places so he can calm down	
I give him medication	
I give him food or drink to see if this will calm him down	
I yell at him, because only then is he able to listen to me	
I put music on it	
I show anger to stop his behavior	
I hold him tight to calm him down	
I hug him and kiss him to reduce his discomfort	
I ignore him so that he does not attract attention	
Notice to doctor	
I notify someone else to help me and tell them what happened	
I stand by his side in silence	
I offer you outdoor activities, walking, doing sports etc	
I give him the same message repeatedly, making him see that he does not listen to me and causing me to get more and more angry.	
Observations:	





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VERBAL DE-ESCALATED

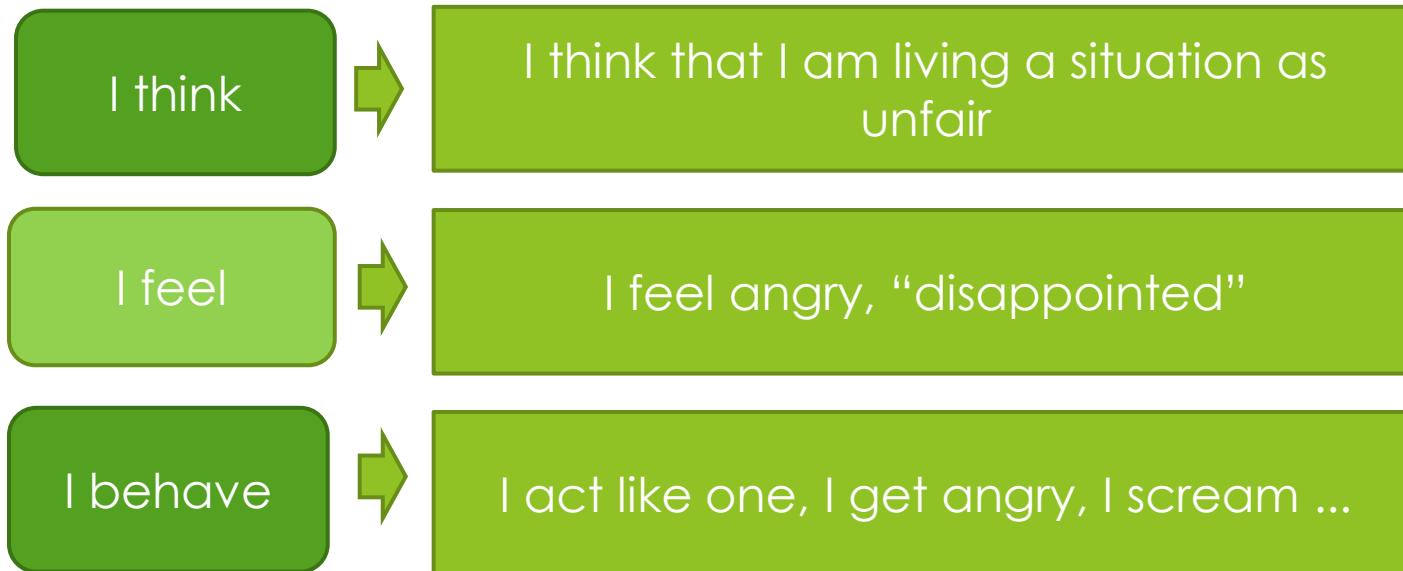
- ▶ PROJECT BETA (Best practice for evaluation and treatment of agitation) - USA
- ▶ Verbal de-escalation: approach strategy to the agitated person through which it is sought to progressively reduce the level of activation



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- MODIFY YOUR ATTITUDE BASED ON
WHAT HAPPENS:

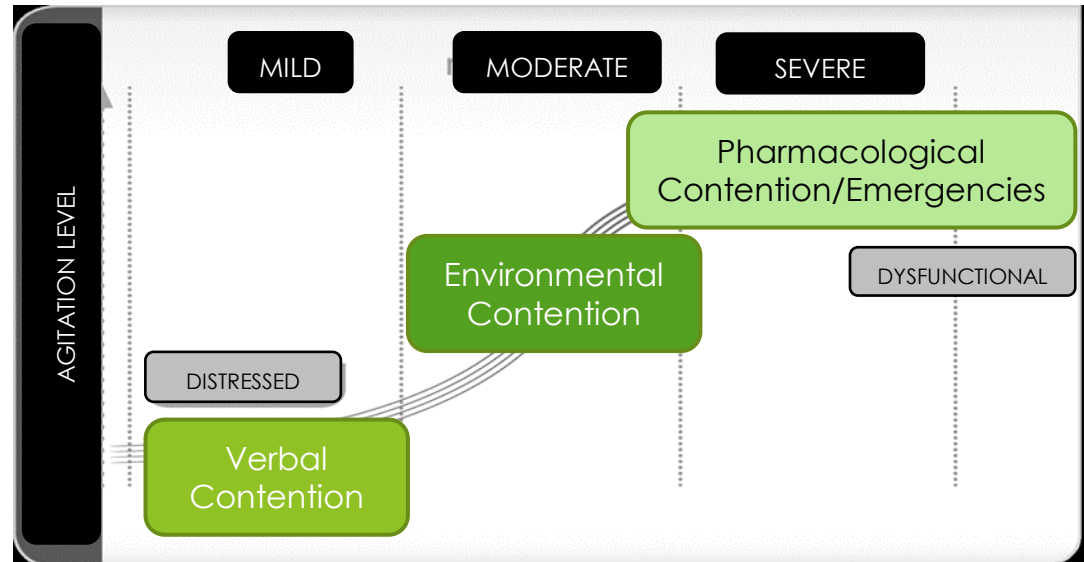
Example:





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► VERBAL DESCALED





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► VERBAL CONTAINMENT

Verbal containment is the first pattern of performance whenever possible, being in sufficient occasions to prevent agitation-aggressiveness-violence progression.

1. With a calm and low tone;
2. Create a conversation in
which the user can express
your demands and requests.



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► VERBAL CONTAINMENT

In verbal contention, several factors must be taken into account that we will see below.



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► VERBAL CONTAINMENT

1.- Respect personal space

Threat psychomotor → agitation.

Always minimal space away
person attended-professional



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► VERBAL CONTAINMENT

2.- Do not provoke the person who is nervous

Do not use a provocative or challenging
confrontational response

- Listening attitude, transmitting with the
body language feeling calm.



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► VERBAL CONTAINMENT

3.-Establish verbal contact:

- 1/2 people will interact without interruptions.

- If the professional/support figure who is interacting does not work for him, he/she will be relieved by another if

possible.



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► VERBAL CONTAINMENT

4.- Be concise:

The agitated person may present fluctuations in attention and may have difficulty assimilating the concepts that the professional is transmitting, therefore, try to use simple vocabulary, let the user process and repeat the pattern patiently as many times as necessary. Try not to show dislike for multiple repetition.



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► VERBAL CONTAINMENT

5.- Identify demands and listen carefully:

- Be heard and convey your demand to feel attended and safe.
- Active listening, respect speaking turns and silences



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► VERBAL CONTAINMENT

6.- Offer optimistic alternatives:

- Offer an assertive alternative that allows different options to reduce your level of activation.
- Alternatives:
 - a. realistic
 - b. they must be done honestly. An alternative will never be offered that subsequently cannot be met

- For example: "what do you think if we talk about what you need to be able to find a solution together" and give alternatives to their demands.



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► VERBAL CONTAINMENT

□ Recommendations:

- 1.- **Avoid coercive measures** at this time that can increase the person's level of agitation attended. (if you have to put measurements it will be at another time where it is calm).
- 2.- **Waiting times will be reduced**, trying to attend the person attended at the same time.



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► VERBAL CONTAINMENT

□ Recommendations:

1.- The **approach** to the person served will be done in a calm and respectful way, transmitting a feeling of **calm and serenity** and favoring environment of mutual interest.

2.- **Avoid judging the person served**, so that they feel understood and develop a relationship of trust.



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► ENVIRONMENTAL CONTAINMENT

If all this does not work, you will be asked if you want to change the space to a quieter one to see if you can relax.



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► PHARMACOLOGICAL CONTENTION

As a **last alternative**, and in the event that the other two restraints do not work, we can give you the possibility of offering you medication to make you feel better.



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VERBAL DE-ESCALATION

- What is verbal de-escalation?

The verbal de-escalation comes from the BETA Project that was created in the US. "Best practice for the evaluation and treatment of agitation."

It is a therapeutic measure aimed at addressing a situation in crisis. A strategy of approach to the agitated person through which it is sought to progressively reduce the level of activation.

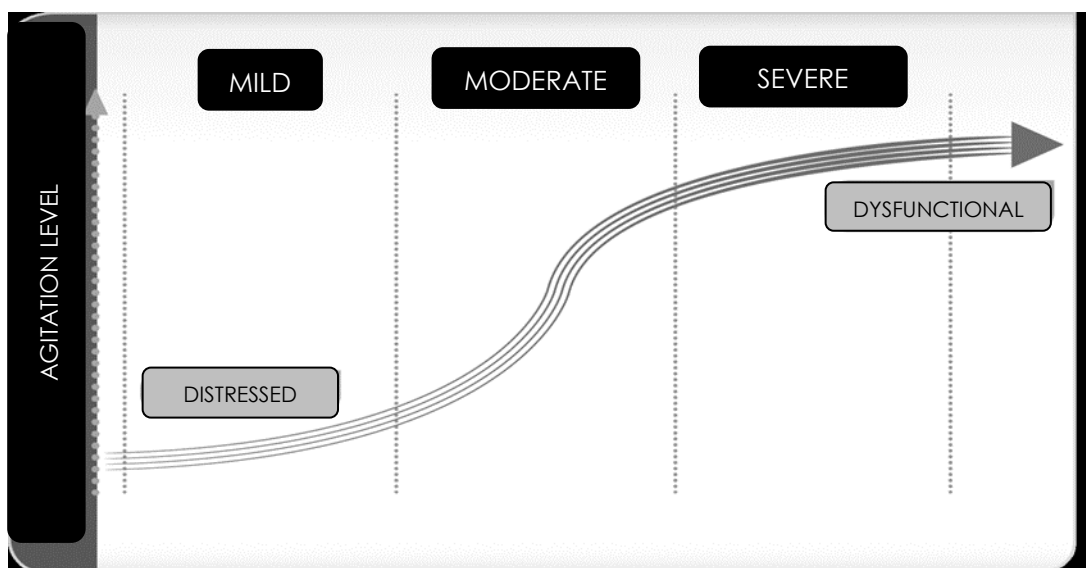
In our daily life, depending on how we interpret a situation, we feel a certain way and therefore we act accordingly.

For example: If I think they are pressuring me with something, I feel hurt and angry and therefore can act violently.

We can also extend this to practitioner / support figure interaction. Sometimes we act in a coercive way because of the way in which we interpret the situation and this is something that we must work on very well.

For example: Pepita is telling me that she is not going to do the cleaning tasks today, I think she is challenging me, I feel angry and I force her to do it (without previously asking her why, what is happening, negotiation, etc etc)

The curve of the agitation is this: (of course the length of each part will depend on the person).



Normally when we feel upset for any reason, our discomfort increases progressively as the conditions are maintained.





Normally psychomotor restlessness is appreciated: you can see him walking more nervous than usual, the look, the way of communicating both verbally and non-verbally denotes anger. At the moment when we appreciate that someone is a little more nervous than usual then it would be when verbal de-escalation is applied, this would be the prevention zone so that extreme agitation does not occur.

➤ Verbal containment

Verbal restraint is the first guideline for action whenever possible (that is, whenever the person being treated is in a situation of mild agitation). Being sometimes enough to prevent the progression of agitation - aggressiveness - violence.

It will always be with a calm and low tone (explanation) and trying to create a conversation in which the person served can express their demands and requests.

Now we are going to see the Guidelines for verbal de-escalation according to the BETA project:

- **Respect personal space**

The invasion of the personal space of a person with psychomotor agitation can be seen as a threat and trigger a negative reaction.

A minimum space of two arms distance must be respected between the staff and the person attended to. If the person served needs more or you consider it necessary, that space can even be expanded.

- **Do not provoke the person attended.**

Do not confront in these moments or return a provocative or challenging response. If you consider that it must be done therapeutically, this is not the time. Any confrontation will take place the next day or at another time when the person is completely calm.

Try to avoid excessive eye contact (can be considered threatening), also elusive eye contact (transmit insecurity), try to maintain a calm facial expression.

In those moments, maintain an attitude of listening, transmitting a feeling of calm with body language.

- **Establish verbal contact.**

In order to establish good verbal contact, the intervention will only have to be made by one person (or two if necessary) and without interruptions. If the professional who is interacting does not work for him, he can be relieved. Even always carry out the intervention that professional who has more feeling with the person attended.





Avoid (something that usually happens a lot) dramatizing the situation and having all the staff come to try to address the situation.

- Be concise

The agitated person may present fluctuations in attention and may have difficulty assimilating the concepts that the professional is transmitting to him, therefore trying to use SIMPLE VOCABULARY, letting the user process and patiently repeating the pattern as many times as necessary. Try not to show boredom for multiple repetition.

- Identify demands and listen carefully.

The professional / support person will ask and try to identify the demand, and may also suggest. The person served needs to be listened to and transmit their demand. You want to feel cared for and safe.

Perform active listening, respect speaking turns, respect silences, empathize.

- Offer optimistic alternatives

Once we have managed to know what your need / demand is, we must offer an assertive alternative that allows different options to reduce your activation level. We must give alternatives:

1. Be realists
2. They must be done honestly. An alternative will never be offered that subsequently cannot be met.

For example: "what do you think if we talk about what you need to be able to find a solution together" and give alternatives to their demands.

Recommendations for a good verbal de-escalation:

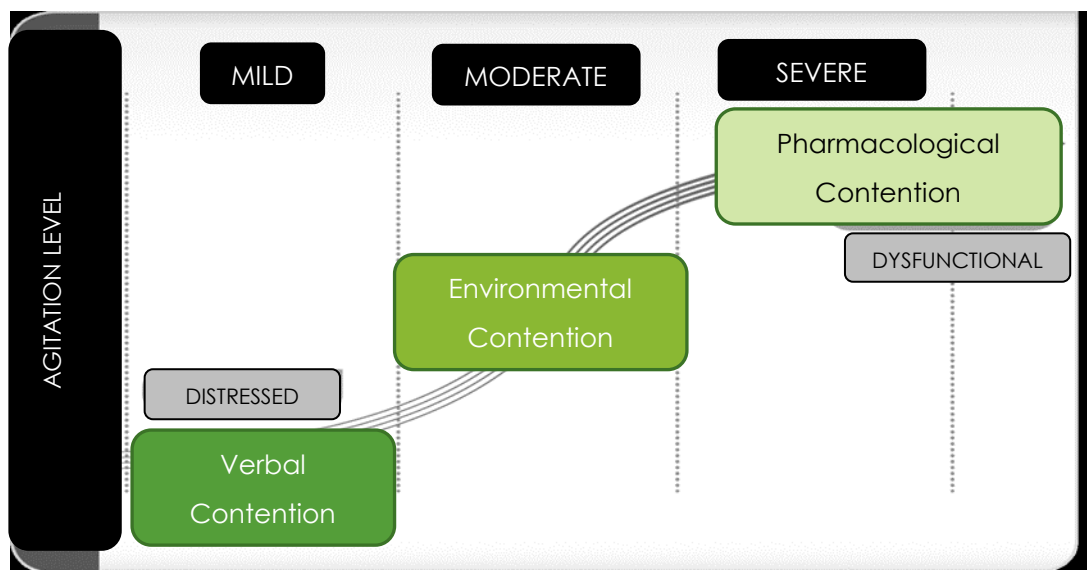
- Avoid coercive measures at these times that can increase the level of agitation of the person being treated (it is not the best time to put them, they will be when they are calm)
- Reduce waiting times by trying to attend the person at the same time or by giving them real deadlines.
- Approach to the person served will be done in a calm and respectful way, transmitting a sense of calm and serenity and favoring an environment of mutual interest.
- Avoid judging the person, so that they feel understood and develop a trusting relationship. EMPATHY. With verbal contention, we would have the first level that we must achieve.





If we see that this does not work, the next step will be environmental containment (that is, accompanying him to a place where he feels calm, has no noise, or colleagues or family watching).

If it persists, we would go to pharmacological containment (this as a last option and if the level of escalation is already high) and if it was not possible because he is very agitated and refuses to take drugs and it is a real danger for colleagues, professionals, figures support, family members or even for him/her self, we would call emergencies and apply protocol to refer to a mental health unit.



BIBLIOGRAPHIC REFERENCES

Marín Rodríguez Javier; Román Rodríguez de Tudanca Nerea; García Sastre Montserrat; Gonzalez Alegre Patricia. *Prevención de la Contención Mecánica: Desescalada verbal desde la perspectiva enfermera.*





EVALUATION QUESTIONNAIRE

Answer these questions by arching a YES or NO based on the veracity or not of the claims. If the question is not clear or you want to add information you can do so from the comments section. This is not an examination it is an assessment of life-life concepts to review those that have not been clear in the face-to-face session.

In a crisis situation I have to....

1. I have to start performing verbal de-escalation when the person is very nervous.

YES ☐ NOT ☐

Observations:

2. We have to take into account what is the reason for your anger, because you are feeling bad. YES ☐ NOT ☐

Observations:

3. He approaches and we will take him by the arm to calm him down. YES ☐ NOT ☐

Observations:

4. I will always ask other family members or professionals for help when the person gets nervous. YES ☐ NOT ☐

Observations:

5. I've always told you what the day of the pattern or information is without showing any exhaust. YES ☐ NOT ☐

Observations:

6. We will not return challenging or provocative responses to you. YES ☐ NOT ☐

Observations:

7. I will not worry about what happens to you at that time. He's done something wrong and I'm angry. YES ☐ NOT ☐

Observations:

8. We will offer alternatives to what is happening. YES ☐ NOT ☐

Observations:





9. In the event that you do not feel like making the effort of a verbal de-escalation, I will give you directly a drug that will calm you down. YES ☐ NOT ☐

Observations:

10. Environmental containment is to keep you away from an environment that has been hostile and I tingle to a quieter space so that he clings to his discomfort.

YES ☐ NOT ☐

Observations:





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What are we going to work on in today's session?

We are going to work on how to manage crisis situations according to what we learned about the “verbal de-escalation” technique and according to the results obtained in the questionnaires that you completed in sessions 1 and 2.



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- ▶ 1. Support figures or professionals read the responses to your questionnaires.
- ▶ 2. The person with schizophrenia will say which of these responses cause discomfort in their moments of crisis.
- ▶ 3. Support figure or professional take note of this



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- ▶ After this, the person with schizophrenia will read the answers to their questionnaire.
- ▶ Support figure / professional will take note of the responses.



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- ▶ Summary of dynamics.
- ▶ Things to improve / things to continue promoting.
- ▶ Conclusions



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