Preventing Crises and De-escalating Difficult Situations with Newcomer Clients

Many resettled refugees have been exposed to potentially traumatic events and prolonged stress, which often continue after resettlement. This may contribute to situations where clients become overwhelmed. Service providers may be unsure how to best manage these situations in a trauma-informed way. While there is no one-size-fits-all strategy, this guide reviews skills and practices that can prevent crisis, reduce harm, and de-escalate difficult situations with clients.

What are escalation and de-escalation?

Escalation refers to situations where a person's thoughts, feelings, and emotions overwhelm them and make it harder to cope, listen, or act effectively. When someone is escalated, it may or may not be a crisis.

De-escalation happens when a person moves from this heightened state back to a more balanced state, where their ability to cope, listen, or act effectively returns. De-escalation is sometimes referred to as "returning to calm."

A **crisis** is a time of intense difficulty, trouble, or danger that overwhelms an individual's ability to cope and that involves some risk to the person or others. Crisis may be associated with any area of a person's life, including finances, relationships, physical and mental health, employment, safety, and more.

> **Principles of trauma-informed care can be helpful in preventing crisis and in de-escalation:**
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> - ■ **Safety**: Step back to give clients space; create safety plans where appropriate
> - ■ **Transparency & Trustworthiness**: Behave in a way that is predictable, and give clear and simple directions and/or options
> - ■ **Mutual Collaboration**: Validate the client's feelings and experiences
> - ■ **Empowerment & Choice**: Promote choice where possible, but keep the choices simple if the client is escalated.

Neurobiology of Trauma

When a person experiences a traumatic event, the body initiates an automatic response to protect them from danger and threat. This is called the **fight/flight/freeze response**. The more trauma exposure a person has had, the more likely they are to have this same type of trauma response when experiencing things like stress, uncertainty, and frustration. This may cause people to exhibit behaviors that others may label as "over-reacting," "difficult," or "unreasonable." Viewing these behaviors with an awareness of trauma allows us to reserve judgment and serve clients more compassionately and effectively.

To learn more about trauma, see Switchboard's information guide *Trauma-Informed Care: A Primer for Refugee Service Providers.*

When More Help is Needed

This information guide provides tips on supporting clients who feel upset, frustrated, overwhelmed, or angry. It **does not** describe how to handle emergencies or safety and security threats. In case of emergency,

every organization should have a safety and security plan in place, and all staff should be trained on that plan. If a client exhibits violence, threatens staff, or threatens to harm themselves, seek appropriate help immediately, including calling a crisis line or emergency services as needed.

De-escalation Skills

Many escalated situations begin gradually and with signs that things are getting worse, such as raised voices or visible frustration. Keep in mind that there are numerous ways in which individuals communicate thoughts, feelings, and emotions. Communication can also be perceived differently depending on cultural norms. However, if someone is upset or "escalated," there are several general strategies that may help de-escalate the situation or prevent it from worsening: [1]

Give clients physical space.

This can help minimize potential feelings of being trapped or cornered. Taking a step back can be helpful. If there are no safety concerns with doing so, you can move to a private space with the client.

If you feel your own emotions rising, work to remain calm.

Take deep breaths. Do not raise your voice, even if the client raises theirs. If you feel yourself getting upset or if you feel unable to remain calm, request that a colleague or supervisor take over the situation.

Use neutral, non-threatening body language.

Nonverbal communication is important. Our bodies and eyes can communicate that we are calm and listening, but they can also convey that we are frustrated or upset. Try not to cross your arms or put your hands on your hips. Maintain non-confrontational body language that clients will be unlikely to perceive as a threat.

Wait to problem-solve until the situation is de-escalated.

De-escalating situations usually takes time. Be patient and allow as much time as is feasible for the client to "return to calm" before problem-solving.

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[1] For a summary of the research on evidence-based de-escalation skills, see Baker, J., & Price, O. (2012). Key components of de-escalation techniques: A thematic synthesis. *International Journal of Mental Health Nursing, 21*(4), 310–319. https://pubmed.ncbi.nlm.nih.gov/22340073/. Also see The Joint Commission. (2019, January). De-escalation in health care. *Quick Safety, 47*, 1–4. https://www.jointcommission.org/-/media/tjc/newsletters/qs-47-deescalation-1-28-18-rev2.pdf

Actively listen without judgment, and respond with empathy and compassion.

Validate the client's emotions, either non-verbally (for example, by nodding your head) or verbally (for example, by saying something like, *"That does sound frustrating."*). You can reflect or paraphrase what the client is saying to be sure you understand, but minimize your own opinions or observations.

Don't engage with inflammatory statements or rhetorical questions.

Engaging with these can further escalate the situation. Instead of responding to the inflammatory comment itself, try to validate the client's underlying sentiment. For example, a client might say, *"No one here cares,"* or *"Why is everybody here so bad at their jobs?"* You might respond, *"I hear how angry you are,"* or *"I can see you are very frustrated."*

Keep responses simple, focusing on the here and now. Keep questions to a minimum.

When people are overwhelmed, they aren't able to take in a lot of information. This is not the time to share complicated explanations. Respond to what the client is saying and wanting in the moment as simply and clearly as you can. For example, *"I hear how upset you are that there is no space left in the English class. I can add you to the waitlist."* In an escalated situation, this approach is more appropriate than going into detail about program policies or giving the client several options for how to handle the situation.

Once the client is ready to discuss next steps, focus on what you *can* do, not what you can't.

Instead of, *"No one is available to talk to you this week,"* you might say, *"Let me look for the next available opening."*

For an example of how these skills can be used together to help de-escalate a situation, see the fictional case study to the right.

After Crisis

Any time a staff member, program, or organization manages a crisis or de-escalates a situation, it is a good idea to revisit and reflect with all of the staff who were involved. This is not only an opportunity to look at how the team may improve, but also to reflect on what was done well and should be done again if a similar situation arises.

Case Study

Imagine that a client, Najma, misses an appointment with her caseworker. She arrives one hour late, and Luis, the front desk staff person, informs Najma that her caseworker is now with another client. Najma insists on seeing her caseworker now to work on housing applications. Perceiving that the situation is not an emergency, Luis says there are no appointments available that day. Najma grows increasingly distressed and her voice begins to rise. She shouts, "It's not my fault! The bus was late and now you won't even help me! I am not leaving until I see my caseworker!" Luis feels a sense of panic and is noticeably agitated. He starts to worry about how to respond and isn't sure what to do.

Here are some steps Luis could take:

- **Control his own verbal and physical responses.** Luis takes a deep breath, relaxes his body language, and tries to remain calm.

- **Listen without judgment and respond with compassion.** He says, *"It sounds like it's been a really frustrating day. It's so hard when you've tried to get somewhere but the bus is late."*

- **Wait to problem-solve.** Luis gives Najma time to return to calm. He asks, *"Can I get you a drink of water while we figure this out?"*

- **Keep responses simple, focusing on the here and now. Keep questions to a minimum.** Luis says, *"I can hear that you're really worried about these applications. Are they due this week?"*

- **Respond with what he can do.** The applications are not due immediately, so Luis says, *"I know you really want to get these in on time. Let me find the first available appointment to make sure you can do that."*

After Najma is calmer, Luis can ask more questions and take next steps as needed.

Prevention through Assessment

The best way to manage crisis or escalation is to prevent it from happening in the first place. Prevention strategies include the following:

Recognize which clients may be at greater risk for crisis or escalation.

This includes clients who have acute stresses or health or mental health conditions. Stresses can include things like job loss, domestic violence, imminent risk of losing housing, etc. Physical and mental health conditions include those that may impair functioning, alter behavior, or make one more vulnerable, such as post-traumatic stress disorder (PTSD) or depression, among others.

Plan in advance for safety during home visits.

Meeting with clients outside the office environment can introduce new challenges to responding to crises. Discuss with your supervisor policies and protocols for emergencies that arise during home visits, and consider bringing a second staff member to home visits with clients who have been identified as higher risk for crisis or escalation.

See Switchboard's *Checklist: Safety During Client Home Visits* for more safety considerations.

Proactively and collaboratively plan with any client who may be at risk.

Help the client identify their resources, strengths, and coping strategies. Consider developing a safety plan and/or crisis plan for clients with more severe risks, such as domestic violence, suicidal ideation, severe health conditions, etc.

A **safety plan** is a step-by-step plan created in collaboration with the client that describes how the client will keep themselves safe if they are experiencing a severe risk like the ones mentioned above. A **crisis plan** describes what the client and/or the provider will do if the client's behaviors and/or environment are no longer safe. The details of these plans may vary widely depending on individual situations, but templates that relate to some of the more common risks may be found online. To get started, check out SAMHSA's sample safety plan templates for mental health crises and domestic violence situations.

Encourage coping skills and strategies.

Coping skills and strategies can be taught in specialized mental health and psychosocial services programming, and as a routine part of interacting with clients. Help clients explore what they have done in the past to help themselves cope and ease distress. Then help them strategize about how they might do this in a new setting or in response to **triggers and early warning signs** (see the box below).

There are many potential ways to assist clients in building coping strategies, including helping to identify the roles of spirituality, family, and cultural practices; addressing basic needs (like housing and income); leveraging existing strengths; supporting the process of learning new things; and seeking additional help.

Triggers and Early Warning Signs

Triggers are events, places, sounds, smells, or people that may remind a client of past traumatic events and lead to feelings such as fear, anger, or despair. Triggers can be actions or behaviors, like skipping a meal, going to bed too late, or spending too much time reading the news. Triggers can also be situations, like being in a crowd, or symbolic reminders, like an anniversary date.

Early warning signs are specific signs that can help a client recognize that they are moving toward escalation or crisis. Clients can identify these signs by examining the hours and days before a previous crisis occurred, including the events, emotions, and reactions leading up to the crisis. The goal is for clients to be able to recognize at the earliest possible moment that they are moving toward a crisis. This allows them to employ coping skills and strategies earlier, when the situation is less severe and easier to contain.

If appropriate, encourage additional help-seeking.

On their own, escalated behaviors do not necessarily indicate an underlying mental health condition. However, for clients experiencing repeated moments of escalation or crisis, escalation with a severity that threatens health and/or safety, or escalation that impairs daily functioning, a comprehensive mental health assessment may be helpful. To better serve clients who may benefit from additional support, learn how to make appropriate referrals to providers qualified to conduct these assessments.

Emphasize to clients that it's normal to feel the way they do about their situation. You might say, *"Many clients we work with experience what you're going through. You are not alone."* If within your scope of practice, offer information about what the client may be experiencing and ways to cope with the situation (psychoeducation). Describe distressing behaviors or symptoms concretely and without stigma. For example, *"I notice you've been getting upset frequently and it's making it hard for you to hold a job. Many people find it helpful to get extra support for issues like this so that nothing gets in the way of what you want to achieve."*

As needed, refer clients to external providers who are qualified to assess and treat mental health concerns. Providers should be linguistically accessible and, ideally, culturally responsive. You can also give clients guidance about any community and specialty services that are available. You might say, *"With your permission, I would like to connect you to a counselor. A counselor is someone who will help you make things more manageable and better over time, and who will keep everything you tell them confidential. I can help you arrange your first appointment."*

For more on mental health referrals, see the Center for Adjustment, Resilience and Recovery (CARRE)'s guide, *Mental Health and Psychosocial Support Service Mapping*.

Conclusion

Though escalated client behaviors and crises don't happen every day, it's important for service providers to be prepared to respond to them. Taking time to understand how trauma can contribute to escalation and crises can help service providers implement effective de-escalation techniques to support clients through challenging times. Preparing for crises in

advance through ongoing training, reflecting on case scenarios, and reviewing safety plan templates can aid service providers in managing crises effectively. Additionally, nurturing relationships with mental health and psychosocial support providers can help create smooth transitions when additional support is needed.

Resources

Information Guide—Trauma-Informed Care: A Primer for Refugee Service Providers: This Switchboard guide describes principles and practices that can incorporate trauma-informed care into refugee resettlement and integration services.

Top 10 De-Escalation Tips: This blog post from the Crisis Prevention Institute summarizes 10 simple de-escalation tips. It provides links to learn more about each tip, along with accompanying illustrations.

988 Suicide & Crisis Lifeline: Agencies should familiarize themselves with 988 to determine how and when the hotline or crisis centers fit into their crisis intervention protocols.

Toolkit–Safety Planning with Foreign National Children and Youth Survivors of Trafficking: This toolkit, created by USCRI, provides information on age-appropriate safety planning for youth experiencing mental health and other crises.

Information Guide–Navigating a Mental Health Crisis: This guide, produced by the National Alliance on Mental Illness (NAMI), outlines signs of impending mental health crises, de-escalation strategies, and resources for addressing mental health issues.

To learn more about Switchboard, visit SwitchboardTA.org.