

De-escalation in Practice: Strategies for Supporting Newcomers Experiencing Crises

September 4, 2025

Jenna Christie-Tabron (JCT): Hello everyone, and welcome to our webinar entitled De-escalation in Practice: Strategies for Supporting Newcomers Experiencing Crises. I am Jenna Christie-Tabron, Switchboard's Senior Training Officer, and I will be your facilitator for today's webinar. Today's speaker will be Megan Rafferty. Megan is Switchboard's Training Officer focusing on mental health and wellness. She is a Licensed Professional Counselor who has provided strength-based, trauma-informed mental health services to refugee and immigrant populations for over a decade.

Megan has worked as an intensive case manager, therapist, and program manager. She has also worked as a crisis responder for individuals experiencing mental health crises and found the de-escalation techniques that she will discuss in this webinar to be extremely effective. By the end of this webinar, you will be able to describe escalation and recognize early warning signs in newcomer clients; explain trauma-informed approaches to crisis preparation at the client, staff, and organization levels; as well as apply the four core actions of de-escalation in resettlement settings.

JCT: In order to jumpstart our learning today, we will begin with an interactive Slido. Now, there are two ways to join Slido. You may use your mobile device to scan the QR code on your screen or use your browser and head to slido.com, type in the number on your screen in order to participate by rating your level of confidence with de-escalating clients experiencing high emotional distress.

[pause]

JCT: All right. Thank you to everyone who's already adding in their scores. All right. We seem to be leaning more towards four out of five. Threes look like it's—Oh, there it is, three. Seem to be pretty level with either a three or a four out of five in terms of your level of confidence.

[pause]

JCT: All right. Thank you, everyone. We're going to keep this Slido going, so feel free to continue. If you haven't already signed into Slido yet, feel free to continue with adding in your scores, but we seem to be pretty solid between three and four. We have a nice little mixture between those two. It looks like we have a lot we could learn. Thank you all for your participation. Over to you, Megan, for our first learning objective.

1. Understanding Escalation

Megan Rafferty (MR): Awesome. Thank you, Jenna. Thanks, everyone, for participating in our first poll. I just want to really quickly mention that we have only 60 minutes for this webinar today. We know how busy folks are and wanted to offer a quick, accessible version of this topic, but there is a lot to cover. I'm going to be

moving at a fairly quick pace today, but the slides and the recording will be available and sent out within 24 hours. You could always go back if I went through something too quickly. We have lots of additional resources that we're going to be putting in the chat throughout, so a lot more opportunities for continued learning after this hour.

MR: Okay. I want to start by talking about the role of stress and trauma in escalation. When a client gets escalated, when they get angry, upset, or maybe they're shutting down, it's not always about the current situation or what's happening in the exact moment. Stress and trauma can shape how people react and decrease a person's ability to cope, making even small frustrations feel overwhelming.

Quickly, here's what's happening in the brain. Our brains have different parts that help us function. A few of those include the brain stem, which is in charge of survival, and it kicks in when we feel unsafe. The limbic system is our emotional center. It reacts to things that feel threatening. The prefrontal cortex, which is the thinking part of our brain, that's what helps us stay calm, helps us solve problems, and engage in planning and decision-making.

Under high stress, and especially if someone has past trauma, the brain can quickly and more easily shift into that survival mode, which is that fight, flight, or freeze that you've heard of. When that happens, the emotional and the survival parts of the brain take over, and the thinking part of the brain shuts down temporarily. It's like trying to think clearly when you've got a fire alarm going off. It's just super hard to engage that part of your brain.

MR: People with past trauma can also become more sensitive to perceived threats because these parts of the brain become more easily activated, especially with repeated trauma. Even if nothing dangerous is actually happening, something that seems really minor to us might cause a big reaction in someone who has a trauma history or who is experiencing a high amount of stress. Something as simple as a raised voice or a policy that feels confusing might feel like a real threat to someone who's already stressed and carrying trauma.

I like to talk about, imagine a cup that's filled to the brim with water. When you add just one more drop of water, now the cup is overflowing. From the outside, it might seem like it was just one drop of water. Why did that one drop of water cause such a spillover? It's because it's not really about the drop of water. It's about the cup that's already full. People are reacting to everything that they're carrying much more than just the one minor frustration that came up.

MR: When someone gets escalated, they aren't necessarily trying to be difficult. They're likely stuck in that stress response or stuck in that survival brain. Understanding that will help us as providers stay grounded and respond with empathy and patience. Next, I know that now that we know stress and trauma contribute to escalation, I just want to talk a little bit about the stress and trauma that newcomers are commonly experiencing.

We're going to frame this in what's known as the triple trauma paradigm. This model talks about the potentially traumatic experiences that newcomers may have encountered during their forced migration. First is the pre-migration period, which is when folks are still back in their home countries. They might have been exposed to

things like war, conflict, or violence. Kids may have had disruption to schooling. They may have seen loss of life or other frightening scenes. This was, of course, the reason why folks had to flee and leave their homes in the first place.

MR: Migration is the next period when people were escaping those dangerous situations and likely spent some time in another country waiting for a decision about their future. This time period could include dangerous journeys, a lack of food and shelter, time spent in camps or detention, separation from family members, and so much more. Finally, we have the resettlement period, which is where we're meeting with folks here in the United States.

People might experience acculturation issues, economic insecurity, community violence, hate crimes, family separation, [are] certainly experiencing some grief and loss, and perhaps some loss of identity or sense of self as they're starting again in a new country. I want to make sure to say that this is not to diminish the amazing resilience and strengths that people carry with them, but in this conversation about escalation, just to remind us that our clients have experienced so much.

Back to that metaphor of the cup, our clients' cups might already be very full with some past experiences and the current stress of resettlement in America. That's why that survival part of the brain might be more easily activated because they may have experienced so many repeated traumatic experiences that the brain is just quickly moving into that survival mode. Okay, over to Jenna.

JCT: All right. Thank you, Megan, for that wonderful overview of newcomer stress and trauma. We have another interactive Slido for you. The same instructions apply. You may join by scanning the QR code or by heading over to slido.com and inserting that number to answer the following question. What are some signs of escalation? What actions or behaviors, even words, have you seen in your work with your clients that would give an indication that they are escalating?

Angry, raised voice, raised voice, irritability, crying, agitation, crying, loud tone of voice. Just overall being upset. Withdrawal, yes. Shifting bodies, yes, the way that our posture is, fidgeting, pacing, restlessness, shutting down more, withdrawal. Overwhelmed, not speaking. Yes, big emotions that don't necessarily reflect the situation. Maybe we're seeing something that is much more expansive than we would have anticipated. Screaming, singular focus, speaking fast, walking away, great. These are all excellent examples.

JCT: Lack of socialization, frustration. Up at the top of your screen, you're going to see where we're seeing similar behaviors across the board. We're seeing voice several times, anger several times, body language several times. Just an indication of, no matter what type of clients that we're working with, who we're working with, chances are we're all seeing and experiencing, observing similar behaviors. Complaints, rapid breathing, pacing, threatening self-harm, yes.

All right, throwing arms, fighting stance, hopelessness, tone change, wonderful. These are some great responses. Please keep adding them. Like I said, the Slido is going to remain active throughout the presentation, so please feel free to continue adding the different signs that you see of escalation as we go ahead and continue with learning more from Megan.

MR: All right, thanks everyone. Getting the impression that you all have seen some escalated clients in your time. You all were really right on target there. It's a lot of what we see with escalation. A little definition here, escalation happens when distress becomes overwhelming, when the amount of stress outpaces our ability to cope. Escalation is usually happening when someone is feeling overwhelmed, they're feeling threatened maybe, or just not in control of a situation. Stress can build up and then reactions become more intense.

This is just a sign that someone is struggling to cope. During escalation, that prefrontal cortex or thinking part of the brain shuts down and that survival instinct takes over. That means it becomes really difficult for folks to think clearly, make decisions, and keep calm. Then finally, our emotions or behaviors start to intensify, often moving from calm to frustrated, to angry or even aggressive. It can look like someone shutting down or going silent as well if they're moving more into that freeze part of the fight, flight, freeze.

We'll go ahead and cover really quickly early warning signs of escalation, but you all have already covered all these in the Slido. We want to make sure that we are looking for early signs to help make sure that we're stepping in as soon as possible to de-escalate. Look for changes in voice, maybe becoming more rapid or louder. Folks might become quieter or mumbling if they're shutting down. Eye contact might change. Body language might change. Could look like crossed arms, clenched jaw, pacing, restlessness.

MR: We might see physical reactions like breathing heavily, shaking, sweating. Mood, of course, we're going to see some changes there. Then communication, which you all mentioned as well. We might see clients repeating the same thing over and over. They might be demanding immediate answers, talking over you, or refusing to speak entirely. All of these can be very culturally based because different cultures have different ways of expressing themselves. Culture can strongly influence how escalation shows up and how we interpret it.

If we don't consider the cultural context, we risk misreading someone's behavior, which can, of course, then make escalation even worse instead of better. We're not going to talk about every cultural nuance today, but definitely just think about your client's past behavior and look for changes if something is looking different. Okay, we're going to move into the more practical application of de-escalation, which begins with preparation.

2. Preparation: Working in Trauma-Exposed, High-Stress Environments

MR: One of the best ways to prepare to serve clients is to ground ourselves and our work in trauma-informed care. Using a trauma-informed lens means recognizing that past trauma can deeply shape how people react during moments of stress or crisis. It helps us focus on building trust and safety, which can often prevent a situation from escalating in the first place. Trauma-informed care reminds us that people express distress in different ways, especially across different cultural backgrounds.

A trauma-informed approach is going to help us stay curious rather than getting reactive. It's going to support us in creating spaces and relationships that feel safe,

respectful, and responsive to each person's unique identity and lived experience. Of course, due to our time, we're not going to talk in more depth about trauma-informed care today, but we have dropped some resources in the chat. I definitely encourage you, if you're newer to trauma-informed care, to check those out and learn more because this, truly this one slide, will help you be much more successful in de-escalation.

MR: To talk a little bit more about how we're going to prepare for de-escalating clients, we're going to look at how we prepare our clients, how we prepare ourselves and our organizations for this trauma-exposed, high-stress work that is resettlement. Adequate preparation across all three levels can prevent some client escalation. By setting expectations, grounding ourselves, and having structures set up in our workplaces... Then when client escalation or crises do occur, we have a plan for how to respond.

Let's start with what you can do to help prepare clients for the stress of resettlement. One of the most important things is building a trusting relationship early on. When clients feel seen and respected, when they have a good relationship with you, they're just much less likely to escalate and things generally go more smoothly when crises or difficulties come up. That connection can also help you recognize those early signs of distress and help guide folks back to a calmer place when needed.

MR: We already discussed the need to use trauma-informed care, but part of that is letting clients know what to expect from you. When you start working with a client, well before you start trying to do de-escalation, we want to clearly inform our clients of what your role is and isn't. What we can and can't do for folks. We want to set expectations around communication. If they call you and leave you a message, when are you going to call them back? Do you answer your phone on nights and weekends? How long is XYZ process going to take?

Making sure that we're setting folks up and giving them as much information as we can without overwhelming them is just going to really help us keep clients in a good space. Many times, escalation occurs because clients feel out of control. Give control and give choice whenever possible. If you can give folks a choice of where to sit in your office, sit or stand, have a drink of water, anything that you can do. Give them an option of when you're going to meet next. Is it going to be Tuesday at 10 or Thursday at 2?

Any small choices you can give are really going to help folks feel in control. Then finally discuss rights and responsibilities upfront with clients. This is all about building that trust and responsibility on both sides. Okay, another Slido for you.

JCT: All right. Yes, another Slido. We were just finished talking about the client preparation. I'd just like you to take a moment to reflect on your experiences with escalation. What feelings do you experience when you are with an escalated client? Apprehension, fear, concern, anxiety. Yes. A little further, anxious, burden of responsibility. Yes, because we do feel responsible in all areas of their well-being as a case manager working with them. Worry, curiosity. Side apprehension, feeling lost, dread. Even empathy, frozen.

JCT: Yes, because we also experience different feelings and emotions as well when we're working with those who are escalated. Helplessness, tight, guilt. All right. Anxiety, nervous, concern seems to be some of our top responses. I hope this exercise will be able to show everyone that what you're feeling, others in the workforce are also feeling the same thing. That some of these emotions, they're not unique to just us. That it's normal to be feeling this way. We're going to continue to add some more feelings to the Slido. Back over to Megan. What can we do about it?

MR: Thanks so much, Jenna. I'll just add that I've been doing this work for a long time and worked as a crisis responder. I still feel nervous and I still feel anxious when I work with escalated clients. It's super normal, but really important to take a moment to reflect inward and think about what comes up for you when you work with escalated clients. Developing that self-awareness of your own triggers and your own history is really a fundamental way to prepare yourself for working with escalated clients.

Just like our clients, our own past experiences shape how we react under stress. If we're triggered or we're tense or nervous, it's harder for us to stay calm. Calm is really essential for de-escalation. Remember, when a person's overwhelmed and their brain is in that survival mode, they're not thinking clearly. That's really where we come in. Through something called mirror neurons, our calm presence can help their brain actually start to settle. They're going to mirror us and start to actually become more calm just by engaging with us.

Grounding yourself, taking a breath, checking in with how you're feeling... It's not just your own self-care, but it's part of de-escalation and how we help our clients regulate. Next, prepare in advance for how you will respond if you encounter an escalated client. Make plans with your team to ensure that you have the support that you need, like bringing in a supervisor if needed, or taking a coworker with you to a home visit if you're unsure about safety or possible escalation.

MR: Take safety measures in advance, such as ensuring that you have an exit for anywhere that you're meeting with a client. Think about meeting in a room with an interior window or leaving the door open so that other staff can check in on you, and think about how you might signal for help if needed. Then our final point here is on setting boundaries, which is an essential part of the self-preparation. Practicing setting boundaries with your clients before escalation even happens, which is really in line with the expectation setting that you're doing with preparing clients.

Okay. Then we're going to move on to talking about preparation at the organizational level. For direct staff, you don't always have control in this area, but I encourage you to bring this up with supervisors to see what your agency has in place or can do differently. First, think about your agency's trauma-informed policies and procedures for responding to critical incidents and engaging in recurring training on those policies so that everyone knows what to do and how to respond if a crisis happens.

If your agency doesn't have these policies in place, we've dropped a link in the chat. You can check out that toolkit, float it over to your supervisors, and start getting those policies in place. Every agency should have safety measures to protect both staff and clients. Staff care and supportive supervision are another really important part of how organizations should be supporting staff.

MR: Finally, a critical part of organizational preparation includes documentation and reporting structure. Different types of reports might be necessary depending on the nature of the situation and should be noted in your policy. For example, if for some reason police needed to be called, your agency might have a policy around completing a critical incident report or documenting that in a really specific way in the case file.

3. Four Core Actions of De-escalation in Resettlement Settings

MR: All right. Now we're moving into the final section of our presentation where we're going to discuss the four core actions of de-escalation. We're going to start by really just defining de-escalation. We've been talking about this throughout our time together, but let's make sure that we have a really solid definition of what we're talking about. De-escalation is a communication style that we use when clients are escalated, distressed, or overwhelmed. De-escalation helps restore calm and assist clients in coping, listening, and engaging.

Back to that trauma neurobiology, we want to be moving people out of their survival brain and into their thinking and planning brain. The way that we're going to do that is through these four actions. Again, this is after you have prepared, you have set boundaries, you have let clients know what to expect, you've identified your own triggers and learned how to ground yourself, you have practiced your agency's policies and procedures for different types of crises, and now you've got the client in your office and they're upset, this is what you're going to do.

Number one, evaluate if de-escalation is the appropriate response for the situation. If it is, number two, you're going to listen to and validate the client so that they feel heard and understood. Third, you're going to plan what immediate actions you can take to support them. Fourth, work to prevent future crises and escalation. We're going to start by taking a look at our case scenario for the day, which Jenna is going to walk us through.

JCT: All right. Thanks, Megan. We have a case scenario here with caseworker Irina. She is a caseworker with about two years of experiences and has been working with her client John for the past three months. Irina has helped John secure housing and employment and plans to meet with him again in two weeks. Today, the front office calls her to let her know that John is in the waiting room without an appointment demanding to see Irina and angry about his paycheck.

Let's go ahead and get those devices ready for another Slido because we want to figure out what should Irina consider when evaluating how to approach John. We know that she needs to conduct the evaluation to see how she should de-escalate, but what is it that she needs to be considering? How will she know that de-escalation is the right course of action? The safety, the tone of voice, his needs, his body language, active listening, if she's the right person to talk with him. Just because we're the case manager doesn't always mean that we're the exact person at that time. That's a good thing to evaluate.

JCT: Her safety, yes. We're not emergency services, right? We also have to make sure that we're evaluating our safety in addition to the client's. Culture, yes. Cultural

sensitivity. Megan mentioned that earlier, that culture is a very important part of our interactions with our clients. The office safety, yes. Client safety, your safety, and those around you. Boundaries. What is it that they really need? Yes, because they can be verbalizing one thing, but is there something even underlying as well? Make sure to take someone with her. Yes. Agency safety procedures. Choose your words wisely. Privacy. Looking at it from a trauma lens. How aggressive. These are all wonderful factors to evaluate. Please keep them coming. Communication. What other issues they may be dealing with. Current world events. Yes. How triggering is that?

JCT: That all of the world events that we're exposed to through the media, that could be very triggering as well, especially if there's something happening in their country of origin. Listen more than you talk. Evaluate. Listen closely. Wonderful. Interpreter. Great. Thank you all for all of the suggestions, all of the factors that you have put into the Slido. Once again, please keep going. I'll turn it back over to Megan.

MR: Thank you so much, everyone. That was amazing. You all had such a comprehensive list. I'm going to try to keep it super simple so that you have something to take with you as you leave today. Evaluation is not a formal checklist. It's not something that you have on a piece of paper as we're talking about it today. It's something that we're doing in our heads over and over again. When you first notice early signs of escalation, you want to quickly scan the situation. Then throughout your interaction, you're going to keep checking in.

You're going to keep watching how things shift, and you're going to keep adjusting your approach as needed. Generally speaking, you can continue with de-escalation if this is a known client that is experiencing frustration, anger, emotional distress. Overwhelm. Any of those big emotions, we can handle that. We're going to proceed with caution if this is a known client that is experiencing substance use or psychosis. There's just a lot of caveats here, but I'll say we just want to be careful. De-escalation might be helpful. It might not be helpful or have very limited effectiveness.

MR: Then finally, stop and do not use de-escalation if this is not a client or if it's a known client that's experiencing immediate safety concerns, violence, threatening language, or risk of self-harm. I'm going to cover two points on this. One, we're not going to use de-escalation with non-clients. If this is a stranger, we don't know anything about them. We do not know if they're dangerous. We do not engage, and we try our best to avoid confrontation. If they come into your office and they're now in your waiting room, I would suggest asking them to leave and letting them know that you're going to be calling first responders if they don't leave.

Second point, if this is our client and we know them, but any of these things in the red box, they're a danger to themselves or others, again, we're not going to use de-escalation in this instance. This is considered an emergency situation, and we're likely going to be needing to call. Crisis response or first responders to come and support us. Let's go back to Irina in our case scenario and see what happens.

JCT: Irina goes into the waiting room to see if she can de-escalate the situation. John appears frustrated but not dangerous. She asks John to join her in her office, moving the conversation to a private space. I saw someone mention privacy on the Slido. Here, she asks John to tell her more about what's going on. John shouts that

his paycheck is not enough to afford his high rent and the food his family needs, and that is Irina's fault.

JCT: How might she respond in this situation?

[pause]

JCT: Validate concerns. Listening. Empathy. Re-engage their relationship. Acknowledging. Listening. Reflect his concerns. Something tells me you all have experience with this. Calming. Emotional support. Ask how she can support. Connecting with resources. Yes, take a look. Assess his case file for active services. What's already in place? Maybe something needs to be followed up on. Acknowledge this stated challenge.

A lot of acknowledgement, a lot of solution focused, active listening, using the trust that has been developed in the relationship to assist with the de-escalation. Management of expectations. That's a very big one. Coming into a completely new country, new culture, we have to manage expectations all the time. Explain the limitations of the program. Yes, sometimes your professional boundaries have some limitations. You can't do it all.

Watching your voice, how you're speaking, being solution focused. Excellent. I am more than convinced that you all have had significant experience in this arena. All right. Once again, please keep adding your responses as we continue to move along with learning more about de-escalation.

MR: Okay. Awesome. Thanks, everyone. The next step in de-escalation here would be to listen to and validate the client's experience. First, like we've discussed, you're going to want to start by taking a deep breath and doing whatever you need to do to center and ground yourself before engaging with the client. We want to stay calm and we want to model calm for the client. We want to ensure that we're using non-threatening body language, like taking an open stance, open palms, giving a lot of physical space, and taking into consideration what's culturally appropriate with your client.

We want to talk in a calm tone of voice at a slow pace and use those active listening skills. It is essential that we are listening carefully to what our client is saying or what their behavior is trying to communicate. Escalated people might say things that don't make a lot of sense, that aren't true, or are really accusatory. We want to not take anything personally and try our best to avoid power struggles. Restoring calm is the most important thing when a client is escalated, not being right.

MR: Avoid any judgment, any labeling, or correcting. Again, even if the client is incorrect, this is just not really the time to get into that. You also don't have to agree with them. If the client is saying something like, you didn't do something that you did, or you're not doing a good job, you don't have to agree with them. What I recommend instead is focusing on validating the underlying emotion. Like, I can see that you are really frustrated.

Validation is all about letting people know that you hear them. That you see them and you value them. When people are feeling like they're seen and they're heard, it's

just so much easier to return to a state of calm. One way to do this is to reflect back what the client is saying. Some useful phrases. It sounds like what you're saying is XYZ, or I can see this is really hard for you, or I hear you. Help me understand.

MR: In this case scenario, Irina might say something like I can imagine it would be really frustrating and scary not to be able to pay for all the things that your family needs. You didn't know that life here was going to be so hard. I can tell that you're working really hard, and I can tell that you care a lot about your family. Let's go back and see what happens next with Irina.

JCT: After talking with Irina a bit, John begins to calm down. He concedes that Irina seems to care about him, and it's really not her fault. He shares that his family is unhappy here, and he feels like a failure for not being able to get a better job to provide for them. He lets her know that the pantry at home is empty, and he has to decide between buying food or paying the rent. Some very serious considerations there.

Now we have a different poll. What might Irina do next? A, tell John about his responsibility to provide for his family so he needs to figure it out. B, talk about how great the future will be when he can get a better job. C, focus on what they can do today and connect him to a food bank nearby. Or D, tell him his family should have known life would be hard in America. Take a second, take a look at those. Everybody went with C. All right, excellent. Thank you all for your participation. You are correct. Focus on what they can do today and connect into a food bank nearby.

When you're trying to do de-escalation, you want to focus on what can you do in the immediate, what can happen right then and right there. You don't want to think too far ahead into the future, and you definitely don't want to put the blame on the client. "You should have known this. It's your responsibility." We want to definitely avoid any blame and really focus on tangible actions that can happen right here and right now. Thank you all for your participation with that excellent work.

MR: I'm here, I promise. Okay, step three, plan to help. I just wanted to pause. I saw a great question in our Q&A that I was trying to type, but I'll just answer it here for everyone. Someone asked, is it okay to mirror feelings, like expressing, I would be frustrated by this too, or would that be over-identifying and not helpful? I would just say, I think that's a great approach, an approach that I've taken in the past as well.

I would just be careful to make sure that we're not placing blame on anyone else. If someone is angry at another caseworker or something else, we want to make sure that we're not blaming any of our colleagues or really getting into who's at fault, but just aligning with the client. Like, yes, if I was in your shoes, I would be so frustrated with this too. I think that is a great approach.

Anyway, step three, plan to help. This step... I want to make sure that we are starting out by saying, this step does not begin until calm has been restored. If someone is still angry, they're still escalated, they're up in that fight-flight-freeze, the thinking part of their brain is still shut down, and they're really not able to plan, so this is just going to fail. Really, we're not getting to this step until after we have really continuously done that listening and validating, and we've been mirroring calm and got people back down to calm.

MR: Then, when the client is in a calm state, we can focus on immediate needs and keep it super simple. This is not the time to start talking about changing careers or going to college five years from now. We want to think about what small, simple thing we can accomplish today to help the situation and help the client feel heard. We want to make sure that we are comfortable repeating any important information that you decide on.

Even when the client is calm, it can be hard to take in new information, and so repeating things over and over is a big part of de-escalation. We're going to make sure that we want to set a date for a next check-in. Just because someone has calmed down today, we don't want to just assume, okay, everything's fine now. I would say that this is a client that we're going to want to check in with more frequently until we're sure that things have stabilized.

Then last, just honoring that there is not always an answer. Sometimes there is no resource, there is no plan. Sometimes just listening with compassion is all that you can provide, and that's okay. We're going to go back and see what happens next with Irina and John.

JCT: With John's permission, Irina connects him to a nearby food bank that can provide an emergency food box the same day. To ensure he can easily get there, she enters the address into the map on his phone and gives him a printed copy of the details. Additionally, she schedules a follow-up appointment for early next week to check in on his budget and employment progress. What other ways can you think of that Irina can take to support John?

[pause]

JCT: Yes, exploring low-income housing. That might not be something that we can immediately fix right away, but maybe getting them on a waiting list might be something that can help. Give them some hope with moving forward. Make sure he's signed up for other benefits. Assess for any other immediate needs that can assist. Food stamps. Providing a list of the food banks and job growth. Asking coworkers, yes, use your colleagues. Colleagues are another source of wealth of information. Use them. Ask them, what have they done with their clients?

Help them apply for programs that can help with the rent, community support. Consult your supervisor. Supervision is made for that. Public benefits eligibility, looking for a job upgrade. Looking at his schedule for a possible second job, yes. Career orientation, yes. Maybe your office has economic empowerment services that can assist with that. That's a very good point. Think about checking in and see if the wife is okay. Other people in the home, how are they coping.

Helping with banking apps for budgeting and financial capability, yes. Budgeting education, rental assistance, following up. Connecting with a mentor. Family budget, yes. These are all excellent other steps that can be taken to support John. Support resources, looking at churches or any other community supports that are applicable with their culture. General awareness of domestic violence, yes. We know stress can amplify that. Furthering education, community integration. Wonderful steps, you all. Thank you so much for your contributions to this poll. Turn it back over to you, Megan.

MR: All right. Thanks so much, everyone, for your participation. You thought of everything. Thought of things I didn't think of. That was really fantastic. It goes right into our fourth step in the de-escalation process, which is preventing future occurrence. How else can we wrap up this client to make sure that they are not getting escalated again and that we're doing our best to resolve some of their issues?

We want to, first of all, identify clients who are at risk of escalation and proactively prevent incidents whenever possible. We're going to do this by helping clients identify triggers and develop coping skills to manage those triggers. That might look like teaching clients breathing techniques, progressive muscle relaxation, visualization, lots of tips and tools that we've got on developing some of these coping skills that can really help clients who are prone to escalation because they're dealing with so much stress.

MR: When possible, let's connect clients to additional social support and or mental health care if that's relevant. We want to increase the frequency of our check-ins with clients who are at risk of escalation. Finally, I would say put all of this and more into a comprehensive safety plan. If your client can read and write, creating a written safety plan in their language that they can take home can be an extremely useful tool because, again, repeated information multiple ways tends to be super helpful.

If they don't read and write, maybe recording something on their phone or just visiting with them frequently. Continuing to talk about their safety plan can be super useful. We also want to, oh, looks like we did, put some safety planning resources in the chat. I would say check those out and just see if any of that feels relevant or like tools that you can use with your clients to prevent future escalation. Now we're going to go back one last time to Irina.

JCT: John shares with Irina that he hasn't been sleeping well because of the stress he's experiencing and that he's been having more frequent arguments with his wife. Irina explains that these kinds of challenges are common during the early stages of resettlement. She mentions that some of her other clients have found it helpful to speak with a counselor, a trained professional who helps people manage stress, emotions, and personal challenges, and asks John if he would be open to a referral.

MR: Perfect. Thank you, Jenna. We're not going to tell you "Did he accept the referral? Did he not?" We don't know. This was Irina's plan for trying to wrap her client in some additional services. Now we just want to move on to one last slide that we have on post-incident follow-up. After that step, one through four, that de-escalation process has taken place with our client, we want to make sure that we are following up by debriefing with any affected staff.

If the client came in and they were in the waiting room and they were angry and maybe pacing or yelling, affected staff might include our front desk staff, might include any other team members who assisted during the de-escalation. Like supervisors or other team members. Definitely seek out supervision to discuss what happened. I heard Jenna say earlier, like, this is what supervision is for.

You can talk about how meeting with this escalated client, doing this de-escalation, how it impacted you personally, and you can discuss next steps for your client. Make

sure that you're documenting the incident according to your agency policy. Then, don't forget about self-care. Like I was saying earlier, even for me, who's experienced in crisis response, working with an escalated client is like so draining. Just be sure that you are taking steps to mitigate any secondary traumatic stress by taking care of yourself and just giving yourself some grace. That's what we have today for our content and our slides. That brings us now into the Q&A.

4. Q&A

JCT: Yes, we have several questions, Megan. Thank you all for your questions that you have been adding into the Q&A box throughout the presentation. We've been doing our best to answer them. Megan, one of the questions that we received was, how do we use de-escalation with clients that have limited English? How can we navigate the language barriers in a crisis?

MR: Oh, okay, good. I'm still off mute. Yes, that's a really great question. Of course, super relevant for us working in resettlement. The first thing I would say is to, of course, ensure physical safety. Starting with that evaluation, determine if this is a situation that you can de-escalate or not. A good amount of de-escalation is non-verbal. There are some things you can do there.

Focus on that non-threatening body language, having that relaxed, open posture, giving people space, calm tone of voice, even if they maybe aren't understanding the words you're saying. Just some simple language. I would start there. Of course, I would recommend having phone interpretation resources available if you don't have an interpreter onsite at that time to work with that client. I think that your agency should hopefully have some type of phone interpretation resource. Then I would call them in and get the interpreter on the phone so that we can talk with this client and really see how we can help them.

JCT: Great. Thank you. Wonderful suggestions. Another question that we have, what do I do when the de-escalation attempt was not successful?

MR: Yes. If you have determined that de-escalation is maybe not the right approach, or if you tried to use de-escalation and it's not working, like the client is maybe just getting more escalated, I would say, do your best, again, to stay calm and stick to the boundaries that you have set.

If there are, again, any safety concerns, you might have to remove yourself from that situation. Then thinking about your agency's critical incident policies for any different types of crises. I would really be looking to those to see what are our next steps for our agency for different types of crises. Sometimes you have to call first responders if the situation is not safe.

JCT: Thank you. I think we have time for maybe one more. Do we have time for one more question? All right. This one actually is a really good one. It also came up in the Q&A during the presentation. So many offices are offering virtual services now, going remote. What are some recommendations for crisis intervention while serving clients remotely or even by phone?

MR: Yes, that's a great question. I would say that, honestly, the same basic principles still apply. I would still work, number one, on staying calm, regulating yourself. Believe it or not, that comes through over the phone or in a virtual setting. Listen and show people that you're listening. That can be harder to do on the phone because you can't see each other. Instead of maybe nodding your head, you might make sure that you're saying, "Mm-hmm, mm-hmm, I hear you." Just giving some of those little cues that you are listening.

You can use your calm voice to regulate the pace of the conversation and make plans to check in with that client again really soon. It really depends on the situation, but I would be trying to check in with them again pretty soon. See if you can get them into the office if that makes sense. Then my final point on remote work is whenever possible, you really want to make sure at the beginning of your call with the client that you ask their location and you know where they are.

If something comes up, if it becomes an emergency and you need to call crisis responders for some sort of welfare check, you need to be able to know where to send them. Best practices when working virtually to check in with your clients and get their location at the beginning of your call.

JCT: All right. Thank you so much, Megan, for all of the wonderful information that you have provided in the presentation as well as the Q&A. Now that we have come to the end of our presentation, our training today, you are now able to describe escalation and recognize early warning signs in newcomer clients; explain trauma-informed approaches to crisis preparation at the client, staff, and organizational levels; as well as apply the four core actions of de-escalation in resettlement settings.

Please help us help you. The work that we do is very much dependent upon the feedback that we get. We are here for you. Please, before we share the recommended resources with you, we would like for you to scan that QR code right there on your screen or click the link in the chat to access our feedback survey. It's very quick, only five questions, take you about a minute to do so, and it'll help us to improve future training and technical assistance.

[pause]

JCT: All right. Thank you all. I'm sure everybody did it. I know you did. I'm looking forward to reading all of your wonderful comments. Here is a list of recommended resources for continued learning. Toolkits, webinars, guides, eLearning courses. All of this information will also be available after the webinar is concluded. We send you the PowerPoint presentation or the PDF of the presentation for you to use in your work, in your offices, share with a friend, all of these resources that are readily available for you.

Lastly, please stay connected with us for more training and technical assistance. You can reach out to us via our email address or reach out to us, explore our website for our resource library. You can follow us on LinkedIn. We're always posting the work that we're doing. Scan that QR code to stay connected with us, and we look forward to seeing you at future webinars, seeing you all over different courses that we are providing for the network. Thank you all.

The IRC received competitive funding through the U.S. Department of Health and Human Services, Administration for Children and Families, Grant #90RB0053. The project is 100% financed by federal funds. The contents of this document are solely the responsibility of the authors and do not necessarily represent the official views of the U.S. Department of Health and Human Services, Administration for Children and Families.