

Title: Grounding and Verbal De-escalation: Tools & Practice for Providers

Presenters: Mayumi Okuda, MD and Rosa Regincos, LMSW

Course Description:

This webinar provides grounding and verbal de-escalation tools and techniques for service providers. Rosa Regincos and Mayumi Okuda discuss grounding, its guidelines, and mental, physical, and soothing ground techniques. This webinar provides exercises that service providers can use with clients and examples of how to use them.

Materials:

The Distress Thermometer – Subjective Units of Distress Scale (SUDS)



Grounding and Verbal De-escalation: Tools & Practice for Providers

Polyvictimization Initiative:
Creating Pathways to Justice, Hope and Healing
Presenters – Rosa Regincos, MS, LMSW
Mayumi Okuda Benavides, M.D.

Alliance for HOPE Team



Casey Gwinn



Gael Strack



Yesenia Aceves



William Ackerman



Melissa Aguiar



Natalia Aguirre



Jackie Anderson



Chelsea Armstrong



Patricia Bauer



Alison Bildsoe



Michael Burke



Jenny Dietzen



Sarah Dillon



Karianne Johansen



Sarah Sherman
Julien



Katie Kirkwood



Gloria Kyallo



Maddie Orcutt



Raeanne
Passantino



Yolanda Ruiz



Ashley Ziegler

Our Presenters



Rosa Regincos, MS, LMSW



Mayumi Okuda, M.D.



Thank You to our Sponsor!!

This product was supported by grant cooperative agreement number 2016-VF-GX-K033 awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this product are those of the contributors and do not necessarily represent the official position or policies of the U.S. Department of Justice.

Grounding and Verbal De-escalation: Tools & Practice for Providers

Rosa Regincos, MS, LMSW
Mayumi Okuda Benavides, M.D.
Chapman Perelman Foundation
Columbia University



What is Grounding?

- Grounding comprises a set of strategies aimed at managing strong emotions when these threaten to overwhelm and disrupt a person's functioning
- Grounding helps trauma survivors stay focused on the 'here and now' and reduce the intensity of any given emotion
- Grounding helps avert an all-out emotional storm



Grounding

- Grounding focuses on shifting the attention towards the external world and away from any negative feelings
- Grounding increase awareness of the *here and now* and reduce PTSD Symptoms (flashbacks and intrusive recollections) and dissociative experiences (spontaneous trance, depersonalization and time loss)
- Other names for grounding are: ‘centering’, ‘looking outward’, ‘healthy detachment’



Grounding vs. Relaxation

- Grounding is NOT a relaxation exercise
- Patients with PTSD might become more anxious when trying relaxation exercises. Closing their eyes and trying to ‘let go’ might lead to dissociation. Words like ‘relax’ ‘let your self go’ might trigger previous abuse (like sexual abuse)
- Grounding is an ACTIVE strategy that works via distraction and connection to the external world
- Relaxation is more PASSIVE letting go of mental and muscular tension
- Relaxation is about looking inward to calm the mind

Why is Grounding helpful?

- To build capacity to regulate strong feelings
- People with history of trauma either feel too much (emotionally overloaded) or too little (numbing, detachment)
- Strong emotions tend to escalate into unmanageable internal experiences when fueled by trauma induced thoughts and self judgment
- Emotional dysregulation creates a threat to the survivor which then becomes ‘the problem’



Why is Grounding helpful? (continuation)

- The ‘problem’ calls for desperate solutions such as self injury, substance abuse and other risk behaviors
- Practicing grounding will build capacity to tolerate negative feelings and manage different levels of intensity
- It provides the person with the space in which they can regain composure and sense of control
- It lessens the need to engage in self-injurious behaviors and break the cycle
- It helps survivors to develop emotionally-stabilizing techniques

Guidelines

- Always keep your eyes open
- You are always in control
- Remain alert at all time and be aware of your surroundings.
- Practice grounding as often as possible (especially if you do not need it) to build the ‘grounding muscle’
- Use it anytime and anywhere
- Remain as neutral as possible and avoid judgements of ‘good’ or ‘bad’
- Stick to the facts and **DO NOT** elaborate on your emotional reactions to the facts

Guidelines

- There's no perfect way to do it, the goal is to develop coping skills in emotional management
- Use grounding early in the negative mood cycle (ex: substance craving or beginning panic attack)
- Rate the strength of your feeling (*emotional thermometer) on a scale from 1 to 10
- Focus on the present, not the past by reminding of attack you can do now (ex. you can read and write today)
- Create your own method of grounding

Trauma Reactions Clusters (Post-Traumatic Stress Disorder)

- Re-experiencing
 - Nightmares, intrusive thoughts, flashbacks, traumatic re-enactment
- Hyper-arousal
 - Hyperactivity, sleep disturbances, easy startle, irritability, fearfulness, difficulty concentrating
- Avoidance
 - Refusal to talk about trauma, avoiding trauma triggers and reminders, numbing of feelings, feeling disconnected from others, isolation



EXAMPLES FROM REAL PRACTICE ON WHEN TO USE GROUNDING

When can we use Grounding?

- Substance abuse craving
- Panic attack
- Emotional dysregulation (feeling too much or too little)
- After receiving bad news
- When you are in front of the perpetrator
- When you are triggered or reminded of the trauma
- When working on your legal case recollecting facts
- When confronted with an intrusive image or thought
- When feeling a strong impulse or urge to self harm
- When engaging in a self injuries behaviors (cutting, burning...)

Types of Grounding

- MENTAL: Involves using mental distraction and games
- PHYSICAL: Involves moving parts of your body and using the five senses
- SOOTHING: Involves using favorites, self affirmations and safe spaces

Mental Grounding (examples)

- Describe your environment in detail using all your five senses. Ex: if you are in the waiting room and describe the colors, the smells and the sounds of the room
- Play categories game with yourself: Categories of music, world cities, list of women names, basketball players, etc.
- Describe an everyday activity in great detail, for example: doing the laundry, or cooking a meal
- Count to 10 backwards and say the ABCs. Do it in different languages if you know them
- Do math games counting to 40 while skipping 3,5,7 and then subtract backwards...

Physical Grounding (examples)

- Focus on your breathing noting each exhalation and inhalation and notice the ‘in between’ slip second
- Run cool water on your hands
- Plant your feet firmly on the ground, literally ‘grounding’ yourself. Take your shoes off if possible
- Move your shoulders up and down and roll your head doing a full circle, do it a few times
- Do the spaghetti and tin soldier exercise. Tensing your whole body and releasing it completely, do it a few times

Physical Grounding (examples)

- Carry ‘grounding’ objects in your pocket such as small piece of cloth, a rock which you can touch and feel when triggered
- Stand up and shake your arms
- Stand close to a wall and push away the wall as hard as you can, allow the force to rise up from your center
- Eat a strong mint gum or a spice candy to ‘snap you out of it’
- Grab tightly onto your chair as hard as you can

Soothing Grounding (examples)

- Repeat the words of your favorite song
- Describe in detail a ‘favorite’ person and the reasons why you like him/her so much
- Describe your favorite food and beverage
- Repeat a meaningful quote, saying or a prayer paying attention to the rhythm and try to saying slowly
- Repeat safety statements: ‘My name is XXX I am safe right now. I am in the present and I am safe. I am a strong and courageous woman and I am not alone’
- Describe your safe place focusing on details

LET'S PRACTICE!

(10 minutes grounding script)



New York State
Psychiatric Institute



COLUMBIA UNIVERSITY
Department of Psychiatry

Role Play

- Your client became paralyzed and seems like she is not listening to you anymore when you are given her bad news about her immigration case. She does not respond and seems like she is dissociating...
- Your client tells you she is feeling like she cannot breathe and thinks she is having a panic attack. You have been talking in detail about her past childhood sexual abuse for the past 30 minutes...
- Your client has disclosed she cuts herself almost everyday when she is alone at home and thinking about the insults and degrading manner her girlfriend used with her when living together...

VERBAL DE-ESCALATION



New York State
Psychiatric Institute



COLUMBIA UNIVERSITY
Department of Psychiatry

Agitation

Causes of Agitation:

- Fear
- Anger
- Feeling misunderstood/not listened to
- Bad communication
- Substance use
- Not enough personal space

Verbal De-escalation

- Remember to breathe
- It's hard to stay calm when the situation is stressful, fake it until you make it!
- Neutral facial expression
- Relaxed body
- Remember that it's not about you, don't take it personal (e.g. it's hard not to defend yourself/yell back when you are being yelled/cursed at), this helps decrease defensiveness
- Do not try to argue or convince

Verbal De-escalation

- SAFETY FIRST (within one arm length at least)
- Ask for help if needed
- Ask individuals their name in a conversational manner, give them yours, continue to use their name
- Questions and statements should be framed with empathy and avoiding judgement
- Active listening: maintain attention and eye contact (but don't make intense eye contact which may seem threatening)
- Summarize what they say, repeat it (easy way to demonstrate you are actively listening)

Verbal De-escalation

- Nod your head up and down (increases empathy, helps get more information)
- Open body language: calm and relaxed posture, try not to cross your arms, smile when appropriate, show you're concerned, get down to their level (if safe to sit down) so you're able to talk to them as equals (increases safety and trust)
- Avoid judging, criticizing, minimizing
- Avoid engaging in power struggles
- Avoid giving orders even if they sound helpful (e.g. “calm down” which may be interpreted as an order)

Verbal De-escalation

- The person that is getting agitated is very sensitive to feeling shamed and disrespected
- Explain limits and rules in an firm but respectful tone
- When possible, offer choices, safe alternatives (e.g. “Would you like to continue our meeting calmly or would your prefer to stop now and come back tomorrow when things are better”)
- You can empathize with feelings but not with inappropriate behaviors (e.g. “I understand that you have every right to feel angry, but it is not okay for you to threaten me or my staff”)

Verbal De-escalation

- Use positive and helpful statements such as:
 - “I want to help you”
 - “Please tell me more so I can better understand how to help you”
 - “Let me call XXX, I think he/she might be able to help with this...”
- Put yourself on their side of finding a solution to the problem
- Explain your intentions and convey your expectations clearly, you might end up repeating yourself

Verbal De-escalation

- If the behavior is disruptive, belligerent or disruptive, given them clear, simple and enforceable limits
- Trust your instincts. If after a few minutes of trying all of these strategies you feel that de-escalation is not working STOP and ask for help
- De-brief with staff involved after de-escalation

References

- Foreno, R (2008) Emotional and Psychological Grounding. *Mental Health Press*, 12-15.
- Najavitis, L. M (2002) *Seeking Safety, a treatment manual for PTSD and substance abuse*. New York: The Guilford Press.
- Vermilyea, E. G (2000) *Growing Beyond Survival : A Self-Help Toolkit for Managing Traumatic Stress*.

Thank You



**New York State
Psychiatric Institute**



COLUMBIA UNIVERSITY
Department of Psychiatry

Thank You!

Alliance for HOPE International

www.allianceforhope.com

www.familyjusticecenter.com

(888) 511-3522



Rosa Regincos, LMSW
Trauma Therapist
Assistant Professor
Psychiatric Social Work
Columbia University

Rosa Regincos obtained her Clinical Psychology Degree at the Universitat de Barcelona, Spain in 1995. She also holds a degree 'In Treatment of Psychological Trauma' by Boston University and is a Licensed Master Social Worker by New York State. Ms. Regincos has extensive clinical experience in the area of psychological trauma with adults and children and perinatal mental health. She has worked at the New York State Psychiatric Institute's Anxiety Disorder Clinic and in the Boston Justice Trauma Center with Dr. Bessel Van der Kolk. Ms. Regincos is currently working as part of the Columbia University Medical Center's women's program team as an assistant professor in psychiatric social work and was part of the pilot program implementing psychiatric and psychological services at the Bronx Family Justice Center as a therapist. Ms. Regincos also worked as a trauma therapist for the Safe Horizon counseling center in New York City treating children and adults survivors of interpersonal trauma. She has been trained in many different trauma evidence based treatments including EMDR, Seeking Safety, Trauma focused Cognitive Behavioral Therapy, SPARKS, Child Parent Psychotherapy and Risking Connection.

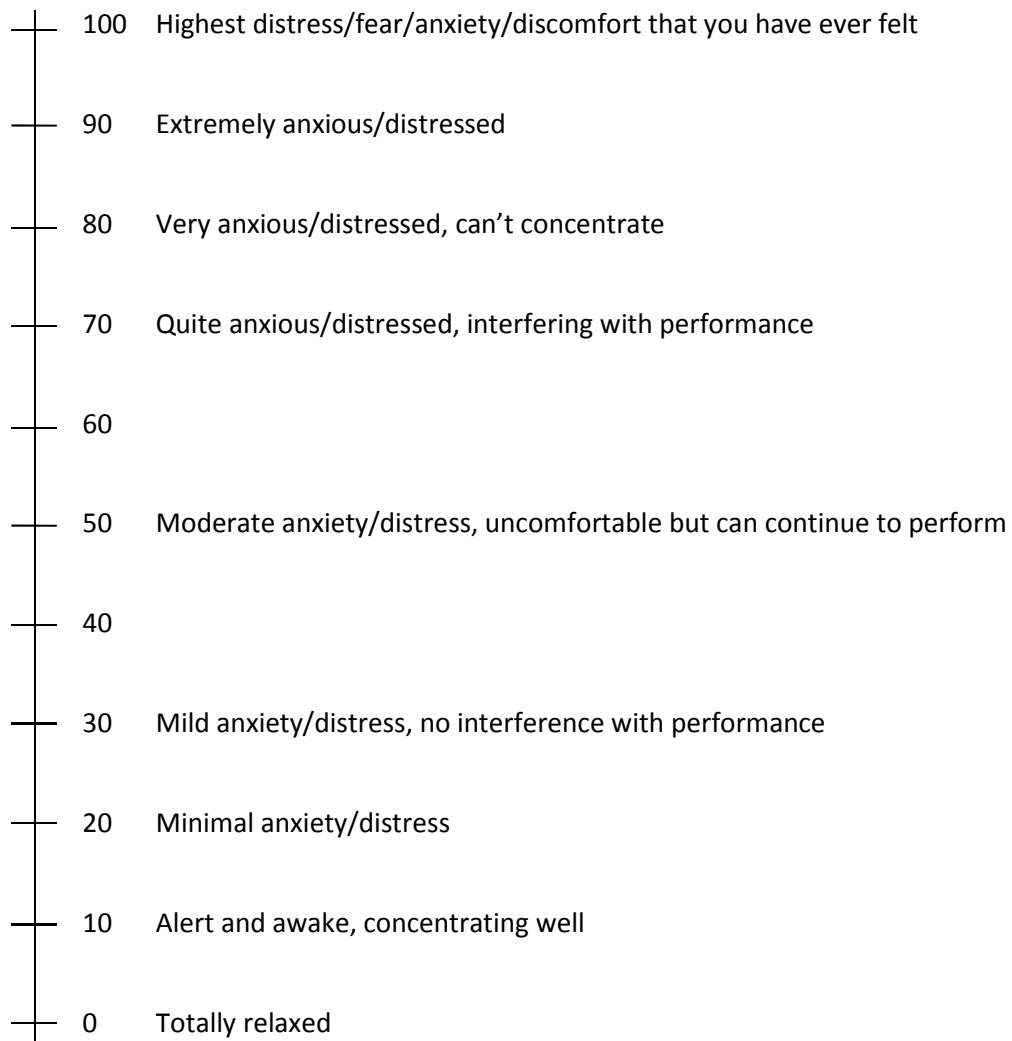


**Mayumi Okuda Benavides,
MD**
Psychiatrist and Researcher
Columbia University

Mayumi Okuda served as a Chapman Perelman Fellow in Psychiatry at the Bronx Family Justice Center from 2014-2017. A psychiatrist trained in Bogotá, Colombia and at Columbia University Medical Center, Mayumi has worked with a wide range of patient populations, focusing her clinical work on minorities. Her earliest work with survivors of the ongoing conflict in Colombia inspired her to pursue the treatment of trauma and recovery in both research and clinical practice. Mayumi's clinical expertise includes pharmacological treatments for PTSD as well as psychotherapeutic approaches including EMDR, Cognitive Behavioral Therapy, Problem Solving Psychotherapy, Seeking Safety and Motivational Interviewing. Dr. Okuda has conducted research on the epidemiology of mood, anxiety and substance use disorders with a focus on violence, gender, and minorities publishing work on the epidemiology childhood abuse and intimate partner violence. Currently her work is focused on the integration of mental health services for survivors of intimate partner violence in non-specialty settings.

The distress thermometer – Subjective Units of Distress Scale (SUDS)

Try to get used to rating your distress, fear, anxiety or discomfort on a scale of 0-100. Imagine you have a 'distress thermometer' to measure your feelings according to the following scale. Notice how your level of distress and fear changes over time and in different situations.





Certificate of Attendance Webinar Training

**Grounding and Verbal De-escalation:
Tools & Practice for Providers**

1 Hour

A handwritten signature in black ink, appearing to read "Casey Gwinn".

Casey Gwinn, J.D.
Co-Founder and President
Alliance for HOPE, International

A handwritten signature in black ink, appearing to read "Gael Strack".

Gael Strack, J.D.
Co-Founder and CEO Alliance
for HOPE, International

April 10, 2018