About this training

In this training we will teach you the principles and procedure of a de-escalation technique called the ‘Show of Strength’.

The material was provided by Ellis Amdur, M.A., N.C.C., C.M.H.S., Expert Consultant ©

For more information about Amdur’s work and books, go to www.edgework.info

We gratefully acknowledge his contributions.

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Pre-Requisites

Clinical Skills (risk assessment, treatment planning)
Centering – Maintaining Self-Control
De-escalation Skills
Personal Safety Techniques
Safe Outreaches

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LEARNING OBJECTIVES

During this training you will:
1. Familiarize yourself with the purpose of this technique.
2. Learn the roles of the different members of the team participating in the ‘Show of Strength’.
3. Learn the procedures that will increase your effectiveness.

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‘Show of Strength’ Technique

A de-escalation strategy used with individuals who are very angry or enraged.

Do NOT use the technique:

With individuals who manifest a low or moderate degree of anger. See CD on de-escalation

When the aggressive individual is brandishing a weapon.

A ‘Show of Strength’ is a mark of

Solidarity
Protection

More about weapons

Safest protocol when faced with an armed aggressor is to:
- either clear the building
- or go into lock-down status.

The more hostages there are, the more dangerous the situation.

Paradoxically, escaping or going into lock-down is the right way to make the direct victim of the aggression SAFER.
There are exceptions to every rule

If you decide to make an exception, you must be:

- Willing to take responsibility for things going wrong;
- Able to clearly enunciate why an exception to the protocol was warranted.

Three possible protocols

1. All agency staff
2. All clinical staff
3. A dedicated team

As an agency, choose one protocol over the other. Not choosing will lead to chaos!

A maximum of 7 staff

One Lead
Up to four staff standing in a row, close and behind the Lead
One Organizer (one of the four staff)
One Phone Person
One Milieu Manager

The Lead

Is typically the person who came across the crisis situation first:

- Attempts to de-escalate the aggressive individual.
- This staff person is the lead throughout the intervention.
**Exceptions:**

When a support staff is attempting to de-escalate, a clinical staff should step in – tactfully.

When the Lead loses his or her temper, the Organizer should step in – tactfully.

When the Lead person is emotionally overwhelmed, the organizer should step in – tactfully.

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**Four Staff Form the ‘Show of Strength’**

They stand close to the scene, usually behind the Lead.

They remain silent throughout the intervention, never engaging into an exchange with the irate individual, even when provoked.

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**The ‘Organizer’**

Calls the team together or guides them in position.

Replaces the Lead, when needed

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**The Phone Person**

Low risk situation:

Stands close by and close to a phone to call 911 should situation escalate.

High risk situation:

Calls 911 immediately, gives a full description of the circumstances.

A Crisis Intervention Team?

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**The Milieu Manager**

Keeps onlookers away.

Escorts patients from the waiting room.

Moves furniture and other hazards out of the way.

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**In Case of Emergency**

**Call 911**

Your voice is clear, urgent, deliberate.

Your Name

Address of agency: 5678 King Street

What happened? What is going on now?

We need …

Point of contact guide:

Person is out of control

Property destruction

Threatening a staff

We are afraid for safety

To assist in controlling person

Liz, blue sweater, main entrance, cell number.
**About Stepping In**

**When should the Lead be replaced?**

When the Lead is aware that the person has a special rapport with another staff who is in the vicinity.

When the Lead feels he or she may be losing his or her temper or become so overwhelmed that s/he can no longer interact effectively.

In many facilities, the charge nurse has the ultimate authority and may decide or can step in.

**More about Stepping In**

Stepping in should be a very rare event.

It requires training and trust.

Effective training of all staff makes this the rarest of all situations.

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**More about Stepping In**

When asked, the Lead must step back.

Disagreements should be dealt with in a post-crisis staffing, once the incident is over.

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**CONTENT**

1. Introduction to the technique
2. The ‘Show of Strength’ team
3. Roles of the team members
4. ‘Show of Strength’ procedure
5. Video

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**STEP 1:**

**The Lead calls for help**

In some cases the Organizer is aware of the problem and calls the Show of Strength team.

Regardless of their position at the agency, the ‘orders’ of the Lead and the Organizer must be obeyed.

**STEP 2:**

**The ‘Show of Strength’ team convenes**

A maximum 4 people should position themselves behind the Lead: three staff, and the Organizer.

The organizer should assign one person to be the Milieu Manager, and one to be the Phone Person.
In case of Staff Shortage

If only 4 people total are available:
Three will be in line-up, one staff functions as the Phone Person

If only 3 or 2 people available:
One staff functions as the Phone Person.

If only one person is available:
That staff must first place a call to 911 before positioning him- or herself behind the Lead.

STEP 3:
The team lines up

Team lines up behind the Lead or on the side.

Team angle themselves in such a way that they create an avenue indicating the exit.

Posture

Arms in front, one hand holding the wrist of the other arm.

One foot should be in front, with the back foot angled somewhat out.

Face is blank, eyes staring distantly, like a mask.

This posture conveys that the team is organized and trained.

An implicit message

They present a united front.

They demonstrate that their fellow worker (the Lead) is not alone: "You will not victimize our fellow worker under our eyes."

They bear witness to what is going on.

In an inpatient setting: they are also lining up for the possibility that physical restraints will be needed.

No matter how provocative the aggressor is, no matter what ugly things the aggressor says, the show of strength team in the line-up must not respond.

"They are here to keep things safe."

STEP 4:
Lead continues to de-escalate the situation.

Maintains direct eye-contact, unless contra-indicated.
(See CD on de-escalating different types of rage.)
Uses the ladder technique to de-escalate the client.

Verbally re-directs the client towards him or her if the aggressor tries to verbally provoke the team members.

John, you are talking to me?"
One person should brief the police on what is happening.

Inform the officers clearly what you wish to accomplish:
- A trespass warning
- Simple assistance in calming person down
- Transporting client to hospital
- Reporting a crime
- etc.

**When safety is compromised**

Law enforcement officers will take over.

That is their job!

**STEP 5: Follow-Up**

The type of follow-up you do immediately after the incident depends on:

1. Whether the client was asked to leave and return, call or be called later;
2. The state the person is in after the crisis;
3. The general cognitive abilities of the person;
4. Whether a severe incident occurred

*See CD on Dealing with the Aftermath  See CD on De-escalation*

**Video Clip**

Staff interacting with an irate client.

Calls for assistance and steps into the role of Lead.

‘Show of Strength’ team arrives on the scene.

Organizer directs a staff to manage the milieu.

Milieu Manager escorts client from lobby.

Pay attention to the stance and posture of the ‘Show of Strength’ team.

Lead continues to de-escalate the client using the ‘ladder technique’.

**REVIEW**

1. Introduction to the technique
2. The ‘Show of Strength’ team
3. Roles of the team members
4. ‘Show of Strength’ procedure
5. Video

**SAFETY TRAINING CURRICULUM**

CD 4 –Part 3

Thank you for participating in this training!

Presented by:
The University of Washington.
The Department of Social and Health Services.
The Washington Institute of Mental Health Research and Training.
PDF documents found on the main disc menu:

- Staff handout
- Trainer handout
- 911 Poster Board