RE-THINKING DE-ESCALATION: ENGAGING WITH PEOPLE WITH A LEARNING DISABILITY AND A PROPENSITY FOR VIOLENCE

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BACKGROUND

- Reporting of violence in learning disability nursing settings (Lovell & Skellern, 2008; Skellern, Lovell & Mason, 2011; Lovell, 2011)


- Competencies & working with complexity (Lovell et al., 2014; Lovell & Bailey, 2017; Lovell & Skellern, 2017; Lovell, 2017)
Part 1: The Problem with Violence...
CONTEXT: 1. DEFINING VIOLENCE

- “The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation” (WHO, 2017).

However:

- Legacy of ‘challenging behaviour’ (Emerson et al., 1987)
- Ignores question of impulsivity
- Presumes intentionality
- Level of (un)predictability
- Fails to address issue of clinical i.e. LD; MH; BPD etc. (Lovell & Skellern, 2017)
CONTEXT: 2. THE ASSAULT CYCLE (KAPLAN & WHEELER, 1983)

Diagram showing the stages of the assault cycle:
- Trigger
- Escalation
- Crisis
- Recovery
- Possible re-entry of crisis phase
- Post-depressive
- Baseline
Context: 3. ‘Zero Tolerance’
ZERO TOLERANCE

- NHS zero tolerance policy (1999)
CONTEXT: 4. RISK POLICY

- Initially risk taking then...

- Actuarial Risk Assessment (e.g. HCR20V3 – Objective? Accurate? Predictive?)

- Surveillance equipment; security detached from clinical; ‘observations’ – 1:1, 1:2

- Reduction in clinical judgement?
CONTEXT: 5, PHYSICAL INTERVENTIONS

- Emergence of Control & Restraint (C&R)
- Change to Care & Responsibility (C&R)
- Differentiation between enhanced & guided restraint
- Conflict resolution
- Plethora of independent trainers
So?

- Uncertainty of definition + confused analysis + culture of risk & interventions based on containment
- Lack of understanding of how violence occurs and simple conceptualization of de-escalation.
PART 2:
UNDERSTANDING DE-ESCALATION
COMPONENTS OF POTENTIAL VIOLENT INCIDENT

- Situation
- Appraisal
- Anger
- Inhibitions
- Violence
COMMUNICATION

- Mehrabian (1967) – 7% verbal, 38% tone, 55% non-verbal


- Hsee et al (1992) – words spoken ‘flat’ 4 x influence of facial expressions

- Effective communication dependent on context & relationship with person
DE-ESCALATION

- De-escalation – currently theoretically poorly developed:
  “...a complex interactive process in which the patient is directed towards a calmer personal space” (Stevenson, 1991: 6)
DE-ESCALATION

4 components:

- Knowing oneself
- Knowing the patient/client
- Knowing the situation
- Knowing how to communicate

(Paterson, Leadbetter & McCornish, 1997)
PART 3:  
...COMPLEXITY
**Complexity**

- “The state of having many different parts connected or related to each other in a complicated way” (OED, 2017)

- “…describes the behaviour of a system or model whose components interact in multiple ways and follow local rules, meaning there is no reasonable higher instruction to define the various possible interactions” (Johnson, 2001)
COMPLEXITY

- Learning disability
- Autism Spectrum Disorder
- Borderline Personality Disorder
- Personal history
- Substance misuse
- Gender
- Homelessness
- Attachment disorder; ADHD; mental health etc.

(Lovell, 2017; Lovell & Bailey, 2017)
LEARNING DISABILITY

- significantly reduced ability to understand new or complex information, to learn new skills
- reduced ability to cope independently which starts before adulthood with lasting effects on development.

(DoH, 2001).
COPING STRATEGIES

“I think with some people, they just don’t have any other way of dealing with their emotional crisis...they’ve seen one person beating another senseless, so that’s maybe just a normal thing for them...its something about thinking skills, people with learning disabilities who perhaps can’t go through the self-talk thing” (Harriet H)

- No alternative strategies
- What is ‘normal’?
- Inability to reflect effectively
NEIGHBOURHOOD

“...not a good start in life, they’re coming from communities where crime is rife, where all their mates are doing things, and particularly people with learning disabilities, they, you know, they sort of get in that group, they get used by their friends...they’ll do stupid things to prove that they belong in that group” (Olivia L)

- Community & neighbourhood problems
- People with LD on the periphery of gangs
Cognitive functioning

“...it is something about their upbringing, they have just made them do what they do because the learning disability and the intellectual capacity, they are functioning at the same level as the people they have probably abused” (Louise L)

- Intelligence influenced by dysfunctional background
- Cycle of abuse
- Breaking the cycle – influence of learning disability
FAMILY RELATIONSHIPS

“...there’s 3 guys who have no contact with the family and they definitely had dysfunctional backgrounds, problems with their parents and siblings – and then 3 of them still do have contact with the family but only certain members. So, yeah, I think that’s how they were brought up...also, you find that members of their family also seem to have mental health problems or learning disabilities of some sort” (Alex L)

- Nature of family relationships – zero; limited; dysfunctional
- Mental health & other problems of family
AUTISM SPECTRUM DISORDER (ASD)

- Triad of impairments (social interaction + social communication + social imagination)

“...there’s the autistic people who can have very poor control and become aroused very quickly...lunge at you very quickly...we’re all very cautious if we’ve got someone that unpredictable” (Sarah L)

Implications:
- Acute anxiety
- Severe misunderstanding of situations & people’s intentions; misreading body language
- Difficulty relating to other person’s perspective
**Predictability**

“We have an autistic lady in now and for 99% of the time she’s absolutely fine (but) she becomes distressed very quickly so I suppose there are short periods within a day where you might think I’m going to get my head panned in here...with others, there is always that brooding sort of threatening atmosphere around them, it is more at the forefront of your mind” (Ella M)

- Unpredictability versus pre-meditation
- Constant alertness to minor changes in behaviour
- Explosive, sometimes out-of-control
**Borderline Personality Disorder (BPD)**

- A pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity, beginning by early adulthood and present in a variety of contexts – 5 criteria out of possible 9

Criteria:
- Frantic efforts to avoid real or imagined abandonment
- Pattern of unstable and intense relationships – alternate between idealization & devaluation
- Identity – unstable self-image or sense of self
- Potentially self-damaging impulsivity in 2 areas (spending, sex, substance misuse, reckless driving, binge eating)
- Recurrent suicidal behaviour, threats or self-injury
BPD

- Affective instability of mood – periods of intense irritability, anxiety or dysphoria
- Chronic feelings of emptiness
- Inappropriate intense anger or difficulty controlling anger
- Periodic stress-related paranoid ideation or dissociative symptoms

(DSM-V, American Psychiatric Association, 2013)

How do these aspects of BPD appear in everyday relationships with people?

How might these symptoms influence feelings of anger and the translation of anger into violence?
FOLLOWS A PATTERN?

“...she’s got a small flat now, makes herself sexually available, then makes herself feel better by going back to the crack...nerves are completely shredded so trying to control by self-medicating...then she’ll open up and you think you’re getting somewhere, just before a crisis...follows a pattern, not always the same though...” (Amy F/N)

- Impulsive behaviour
- Acute anxiety
- Reluctance to engage because too difficult
DAMAGE TO ENVIRONMENT

“...he came to us from medium secure, borderline PD, and if he didn’t get what he wanted instantly, he would act physically and he had served prison sentences for assaulting staff...it wasn’t anything new, he’d got a long history of it...the tables would go flying, he would kick in some sockets or the light fittings, windows, doors, he just completely damaged the environment...resulted in physical restraint” (Malcolm F/N)

- Purpose of environmental violence?
- Wanting own way immediately
- Link between mood and desire for violence
EXPLAINING CONTRADICTIONS

“She’d swing wildly, couldn’t cope with thinking someone, anyone was rejecting her...all goes back to family stuff...she’d become explosive with rage, try to undermine anyone’s secure relationship, then build up into some act of violence, sometimes self-directed, sometimes based on her jealousy and fundamental insecurity” (Caroline M)

- Inability to cope with her feelings, which she couldn’t understand.
- Uncontrolled anger & jealousy
- Self-loathing
PERSONAL HISTORY: ABANDONMENT

“...very complicated...a lot of abandonment issues...he does tend to grasp and hold on to you and anything that you can give, and as soon as he feels that you’re pulling away, he’ll throw it all away” (Bridget H)

- Overly needy & clingy
- Seemingly cold and distant
- Alternating between closeness & distance – ‘push & pull’ factors
“...there has been a lot of sexual abuse, a lot of abuse through alcohol from the parents at an early age, a lot of parents are alcoholics and drug takers. There’s a lot of neglect from the outset, there is a lot that are left to fend for themselves from a very young age. I think they are initially failed at home” (Richard H)

- Lack of attachment & consequences for forming relationships
- Absence of trust
- Fending for self – ‘feral’
- Impact of alcohol & drugs
SEXUALITY

“...abusing children...none of us like it, wouldn’t like it to happen to any of our own, but nine times out of ten they’ve been abused themselves by their parents, been told to do various things, have sex with other children within the family...it’s become normal for them” (Rebecca L)

- Distorted sexual experiences
- Sexualized at a young age
- Abusive relationships ‘normalized’
EMOTIONALLY BATTERED

“...numerous offences with children and indecent exposure...both of them (had) abusive relationships with parents...a violent relationship between his mum and his dad, and he used to receive abuse from his father...wasn’t responsive to anything when we did try anything, but then he still requests to see his dad...they sort of disowned him because of the offences and his reputation in the (neighbourhood)” (Rebecca L)

- Witnessing parental violence
- Lack of responsiveness
- Continuing desire for relationships with family
GENDER: INTERNALISING/EXTERNALISING

“Women are much more emotional anyway and they tend to internalise their problems more I think. The women I work with tend to be self-harmers and suicide risk and their backgrounds...they have come from horrendous experiences throughout their lives and the women tend to have a different care pathway into the secure services...more harm to themselves and severe self neglect as opposed to harm to other people” (Elena M)

- Internalisation of issues?
- Propensity for self-injury
- More emotional
MORE ‘PERSONAL’

“...it’s important that (staff) understand where the women have come from, why they’re presenting as they are...because its very difficult not to take some of it incredibly personally, because some of the things they say, men or women, it can be incredibly hurtful” (Heather L)

- More likely to be hurtful
- Understanding background helps understand why so personal?
- History of rejection
ENVIRONMENTAL STABILITY

“For some of the women its probably one of the few times in their lives where they’re not in an abusive sort of environment, you can create dependency issues” (Fiona M)

- Abusive relationships characterize previous living conditions
- Emotional dependency?
OPENING UP THE BOOK

“...you get the women doing stuff that don’t fit into people’s perception of what a woman would commit...we’ve got a woman at the moment, a very closed book at the moment, its at the very early stages of her being here, who’s tied somebody up, then tortured them whilst the child was in the room” (Lucy M)

- Contrary to expectations
- Abuse begets abuse?
PART 4:
VIOLENCE & DE-ESCALATION
UNDERSTANDING THE RELATIONSHIP BETWEEN LEARNING DISABILITY & VIOLENCE/AGGRESSION

A Learning disability + personal history/background + mental health
ASD/BPD/ADHD

B Therapeutic use of self + verbal skills + non-verbal skills

C Situation ➔ Appraisal ➔ Anger ➔ Inhibition ➔ Violence