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Factsheet: **De-escalation and Deaf people**

Summary

There is a recognised call for aggressive service users with mental health problems to be managed within frameworks that acknowledge the person's specific and diverse needs (NICE, 2005). Such frameworks expect that de-escalation strategies and its general ethos should pervade and inform the process of managing any crisis event.

It has been identified, however, that the wholesale application of de-escalation techniques, designed for the use with hearing people, may need some adaptation when used with members of the deaf community; otherwise such strategies may prove less effective (Jeffery and Austen, 2005).

Aims of this factsheet

Introducing hearing people to the concept of deafness as a tenet to cultural identity, this fact sheet aims to help them to understand the subtle nuances and interactions that will assist in establishing rapport and bridge communication gaps. As a resource, the information contained here uses Deaf awareness to inform care staff of the nuances of the Deaf community and aids in fostering environments conducive to effective interactions with angry deaf people.

Deaf awareness

It would be easy for a hearing person to consider deafness as a disability. The Deaf community however do not consider this the case. In fact, it is deafness that defines and shapes the cultural and linguistic identity of the deaf community as a whole (Harris, 1995). As throughout the Deaf world, the Deaf community in the UK has its own language, British Sign Language (BSL), literature, and humour. There is obvious contention in that if the hearing world addresses deafness as a disease to be eradicated or rectified, then attitudes towards deaf people may be flavoured by this misconception and inadvertently cause friction between the Deaf and hearing person.

This has not been helped by traditional approaches to deafness that have adopted medical models focusing on 'curing' deafness and an educational model that has promoted forced integration of Deaf people into a hearing world without recognition of cultural and linguistic identity. Historically this can be illustrated by eminent proponents of medical approaches, the likes of Alexander Graham Bell who lobbied for legislation of deaf partners not being able to marry and have children for fear of perpetuating the "disease" of deafness. The medical profession labelled members of the deaf community as "deaf and dumb". This was to have further connotations when considering the educational systems in which deaf children were forced to attend. The 1880 Milan Congress decreed that Deaf children should be taught in mainstream schools, amongst hearing children. Deaf teachers were dismissed and signing in schools banned under penalty of corporal punishment and ridicule.

The upshot for many Deaf people is social exclusion based on linguistic differences and stigmatization based upon misconceptions and ignorance. For example, Conrad (1976, in Denmark, 1994, p.18) established that during the mid-seventies the reading age of a Deaf person emerging from mainstream high school was averaged at seven years and six months.

However, it is important to note that, as with any linguistic and cultural minority group, there is a danger is assuming that all members of the Deaf community will acknowledge and embrace cultural identity (Lane, Hoffmeister & Bahan, 1996, p.70). Such assumptions inherently lead to stereotyping. But hearing people will need to be aware that determinants such as cultural respect and historical influences on deaf culture have potential to leave the deaf person sensitive to occurrences of behaviours associated with stigma and oppression. When the hearing person interacts, it is potentially not only the communication issue, but the cultural backdrop that may be informing the event.

De-escalation: What is it?

"A set of verbal and non-verbal responses that, if used selectively and appropriately, may reduce the person's level of hostility by reducing anger" (Patterson et al, 1997)

De-escalation involves the use of techniques that calm down an escalating situation or service user; therefore, action plans should stress that de-escalation should be employed early on in any escalating situation. Action plans should be developed at a local level detailing how to call for help in an emergency (NICE, 2005).

While there are many definitions of de-escalation, in essence the purpose is to ensure that we do not make an already difficult situation worse by what we do or say.

Common features of de-escalation include:

- Communication
- Stance and personal space
- Touch
- Eye contact
- Face
- Voice
- Environment

Communication

In terms of communication, consideration needs to be given to the complexities of sign language. To avoid unwittingly provoking an assault, care staff need to be comfortable with sign language to identify escalation in the Deaf person via signed communication, whilst not inflaming the situation by failing to accurately interpret core information or not signing at a proficient level. Native Deaf signers are a vital resource in the de-escalation process. Good communication is the essence of forging relationships and it is the relationships that we have with our service users that will be our greatest ally when they become angry.

Stance and personal space

A lack of recognition of how we present ourselves physically is of significant importance when working with an angry person. Given that angry people consider the world a hostile place they will invariably look for physical signs that confirm this viewpoint. When a Deaf person witnesses care staff with hands on hips or arms crossed, the connotations may have a different emphasis in that they may consider these stances as affirming assumed oppression of hearing people over their Deaf peers.

What is important in these instances is the limitation of such misinterpretations, coupled with care staff safety. Angry people have an increased need for personal space. Whilst this may be the case, to facilitate effective communication care staff need to be within workable distances that may breech convention. An example of this is working with a service user who has Usher's syndrome, which would require closer proximity. This is the most common condition that affects both hearing and vision. The major symptoms are hearing loss and an eye disorder called retinitis pigmentosa. The latter is a progressive degeneration of the retina that causes night blindness and loss of peripheral vision. Care staff would be advised to stand side on with head turned towards the service user, whilst holding hands forward in a gesture of invitation and openness.

Touch

This position would also serve as a personal safety stance should the dynamics of the intervention change and the person lashes out. In hearing approaches to de-escalation touch is a moot issue. Some would suggest that it is so fraught with uncertain variables that it should be avoided. With Deaf service users touch has different connotations in that it is part of culture and maybe tolerated differently.

Touch is a powerful tool. When this is considered in the context of a Deaf-Blind service user it also becomes intrinsic to any possibility of de-escalating anger. As a mode of communication it conveys a sense of being with the individual. But this is not to say that it is used without respect for the Deaf person's diversity within the Deaf community. After all cultural cogence transcends contextual boundaries. Staff should base the use of touch upon thorough risk assessment of the person and incorporate this into personal management plans.

Eye contact

Eye contact is based on the premise that too much or too little sends an inadvertent message to the angry person that may escalate their level of arousal. Of course, with Deaf service users, eye contact is a major facet of communication. Tolerance of active eye contact (staring in the hearing

world) may be therefore greater since visual fields are required to observe sign language. What may not be tolerated is turning away from the person or looking at others whilst the person is signing at the member of care staff involved in the interaction. It is therefore important that staff are aware of their roles and responsibilities during the de-escalation process, strategies made more effective by good levels of history taking and proactive care planning.

Face

Anthropologists suggest that in the human face man has found universal expression that can transcend cultural boundaries. Since the face is an extension of the effective delivery of sign language the expression on a Deaf person's face cannot be considered as a stand alone variable. It must be gauged within the framework of context and content otherwise meanings can go awry. For example: A Deaf person telling another about a friend who was angry may themselves *appear* angry.

Voice

In the hearing world the voice is measured in terms of tone, volume and content. When working with a Deaf service user it must be seen in the context of the style and content of an interaction. Signing must be measured and calm in its delivery to convey, through role modelling, more appropriate methods of seeking resolution to the issue. Shouting at the Deaf person is not only condescending and likely to further escalate the problem, but is wholly ineffective. The ideal philosophy is that care staff will 'talk down' the service user without the risk of 'talking down' to them.

Environment

Issues of good, open spaces that are well lit and allow for levels of privacy are a constant in both advice for minimising and preventing anger. In terms of the Deaf person space and lighting are important not only to provide comfortable and hospitable surroundings in the name of dignity and care, but also to facilitate communication. Careful thought should be given to window blinds and colour schemes to ensure visual fields are maximised.

Some do's and don'ts concerning de-escalation

1. Communication	
Do	**Do not**
Speak clearly Use plain language Try to find a different way of saying something that has not been understood Offer the opportunity to exchange information in written form	Shout Speak slowly Exaggerate lip movements Keep repeating a message that has not been understood Assume that all people use or recognise British Sign Language

2. Stance and personal space	
Hold hands in front at around chest height Consider proximity to the angry person Stand slightly off to one side Consider Usher's syndrome	Cross arms Put hands on hips Invade the angry person's personal space Stand directly in front of the person

3. Touch	
Do	**Do not**
Consider your existing relationship with the angry person Approach a person from within their visual field	Assume that touch to gain attention is always culturally acceptable Approach from outside a persons visual field

4. Eye contact	
Do	**Do not**
Maintain eye contact with the angry Look at the angry person throughout signed and voiced over communication Remember to blink Position yourself so as to remain within an angry persons field of vision	Look away when information is being signed Look towards the interpreter when communicating with the angry person Stare Roll eyes

5. Face	
	Do not
Convey attention Remember the angry person's sign and facial expression may get bigger and bolder Focus on context and content	Frown Scowl Grin or laugh inappropriately

6. Voice	
	Do not
Consider the tone of voice you use Remain calm Be clear and concise Be open to feedback on own communication style "Talk the angry person down"	Raise your voice Use jargon Ignore suggestions from an interpreter Exaggerate any of the words that you choose to use "Talk down to the angry person"

7. Environment	
Do	**Do not**
Ensure that there is enough space for signing to take place Ensure that areas are bright and well lit Consider the décor of the environment Remember that the angry person is your focus Foster a culture of deaf	Stand in front of a window making it more difficult for the angry person to see you Wear items of jewellery or clothing that may distract the angry person Become distracted by others within the area

References, websites and further reading

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Websites

British Deaf Association: www.bda.org.uk

British Society for Mental Health and Deafness: www.bsmhd.org.uk

Deafblind UK: www.deafblind.org.uk

Royal National Institute for the Deaf: www.rnid.org.uk

Sense: www.sense.org.uk

Further Reading

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