Video Discussion Guide: *De-escalation During a Home Visit*

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Video Discussion Guide: De-escalation During a Home Visit

Objective:

This guide is designed to accompany the APSWI video, "De-escalation During a Home Visit," to enhance learning and develop a deeper understanding of the concepts portrayed. In the video, APS professional Kimberly Davis visits the home of Shelly Parks to investigate a report of suspected self-neglect. Kimberly uses various techniques to de-escalate and diffuse tension with Shelly and Shelly's spouse, Daniel.

How to Use:

- This discussion guide can be used by a trainer or facilitator during individual supervision and/or coaching, or in a group training session.
- Exploration questions and possible answers are provided. Adding your own expertise, agency specific protocols/practices, and unit expectations are encouraged.
- Allow for discussion on what participants might do differently.

Learning Concepts:

- Self-control and Professionalism
- Emotional Intelligence
- Effective Responses/Techniques
- Checking our Biases
- Impact of Interview

Content Warning:

We recognize that APS work is both challenging and rewarding and APS professionals are whole human beings who have their own experiences before and during APS work. Video content, questions and discussions may activate feelings based on personal or professional experiences, including vicarious and/or secondary trauma. Specifically, this discussion guide includes sensitive topics such as substance misuse and includes questions that require critical thinking reflections on our own biases around sexuality, race, and age. We encourage everyone to do what they need to do in order to safely engage in this transfer of learning.

Opening Questions

1. Does the video mirror any experience(s) you've had in a client's home, if so, how did you respond in that situation?

2. What did you like about the APS professional's approach in this interview?

3. What would you do differently if you were the APS professional in this situation?

Self-Control and Professionalism

1. **How did Kimberly (the APS professional) display self-control and maintain professionalism throughout this home visit?**

   Possible answers:

   - She maintained a calm demeanor, a neutral tone, open body language and posture, showed no judgement in tone or facial expression while speaking with both the client and the client's spouse.
   - She did not show agitation or defensiveness in her responses, particularly when the client initially wanted her to leave by stating "I heard that, and I respect that."
   - When Shelly became upset and stood up, Kim stood too. However, she did so in a way that was not defensive. Her body language (including hand gestures) remained neutral and non-combative.

   Facilitator note: Ask learners what techniques they employ to maintain self-control when a client or AP (alleged perpetrator) begins to escalate. What types of behavior from clients and/or APs cause them to feel activated? How do they react when they begin to feel agitated?

2. **Due to Shelly (the client) and Daniel's (Shelly's spouse) immediate emotional reaction to her visit, Kimberly did not get a lot of time to build rapport with Shelly. What specific actions or statements did Kimberly make to try to achieve this in a short period of time?**

   Possible answers:

   - She invited the client to call her "Kim" and gave a warm smile. She also asked how the client would like to be addressed.
   - Her body language showed engagement, she maintained eye contact, leaned in to listen, and gave affirming head nods.

Facilitator note: Ask learners some of the ways they try to build rapport with clients or attempt to put them at ease when discussing sensitive topics.

Emotional Intelligence

Emotional Intelligence refers to the ability to perceive, understand and manage one's emotions and the emotions of others. (www.simplypsychology.org)

1. **What feelings/emotions do you think were driving Shelly's reaction to Kimberly's visit?**

   Possible answers:
   - Embarrassment
   - Fear (of judgement, going back to rehabilitation facility, death)
   - Loss of control

2. **How did Shelly convey her feelings in her words and actions?**

   Possible answers:
   - Shelly's tone immediately changed when Kim mentioned the nature of the APS report. She raised her voice, sounding both fearful and offended.
   - Shelly asks if the hospital staff is telling her personal business, she also accuses Kim of being in the home to "judge me and call me an alcoholic".
   - Shelly recalls her negative experience with "recovery services" and appears anxious that Kimberly may want her to participate in that or a similar service again.

3. **What feelings/emotions do you think were driving Daniel's reaction to Kimberly's visit?**

   Possible answers:
   - Embarrassment
   - Fear

4. **How did Daniel convey his feelings in his words and actions?**

Possible answers:

- Daniel discusses the embarrassment of an ambulance being seen in front of their house for Shelly.
- He also says "who knows what's going to happen after this" referring to Kimberly's visit.
- He questions if Kimberly is going to force him to put Shelly into a "home" or a rehabilitation center to address her drinking.
- He states that he is afraid of losing Shelly by forcing her to accept certain services.

Facilitator note: Remind learners that embarrassment and fear are very common reactions to an APS professional's initial home visit. Ask participants how they usually respond when clients and/or their support circle (spouse, children, etc.) convey these emotions.

5. Why do you think Shelly allowed Kimberly to stay after initially asking her to leave her home?

Possible answers:

- Shelly admitted later to being afraid when she fell.
- It seems she did want to talk about what happened but perhaps wanted it to be on her terms.
- Kimberly letting Shelly know that she would leave if Shelly wanted her to, allowed the client to be in control of the situation.

Facilitator note: This is an opportunity for the facilitator and learners to share an experience where there was an element of push/pull with a client, as this is something that happens often. Sometimes clients are conflicted about wanting to speak with the APS professional or may only feel comfortable speaking if they feel in control of the interview.

6. Why do you think Kimberly chose to speak with Daniel alone?

Possible answers:

- Daniel appeared very concerned about Kimberly's visit and how it would affect him and Shelly.
- Kimberly may have felt that without addressing Daniel's concerns, he could possibly be a barrier to her having a productive interview with the client.
- Helping Daniel be more at ease with the visit could help the client become more comfortable with it as well.

- It could lay a foundation for Kimberly to involve Daniel in service planning and support later (with client's consent).

Facilitator note: Ask learners how they would've handled the situation with Daniel. How did they respond in the past when a client's spouse, family member, or anyone else present in the home during a visit began to escalate?

Effective Responses/Techniques

Before starting the discussion questions, review the "Focused Techniques" handout (adapted from the De-escalation Instructor-Led Training). This handout reviews techniques on how to respond to clients (or their support circle) to address specific feelings/emotions. It also provides helpful examples of reflective responses and statements. Keep this handout as a reminder and quick reference guide.

1. **One of the most powerful techniques for de-escalation is showing empathy. How did Kimberly show empathy to both Shelly and Daniel during her interview?**

   Possible answers:

   - In addition to listening and being engaged, Kimberly validates, acknowledges and provides empathetic responses when the couple share their feelings.
     - At the beginning of the interview, she acknowledges the feelings Shelly may be having about the unannounced visit. Ex. "I know you weren't expecting my visit today".
     - She affirms Shelly by telling her that she did the right thing by calling for help and seeking treatment when she fell.
     - She responds, "I can imagine" when Shelly says she was afraid after her fall.
     - When interrupting Shelly and Daniel's argument, she states that she knows their current situation is emotional and stressful.
     - She tells Daniel "I know it can be difficult to have someone in your home discussing personal matters".

2. **Earlier we identified some of the emotions behind Shelly and Daniel's responses and behavior towards Kimberly. How did Kimberly respond to address these emotions?**

Possible answers:

- Loss of control → lend control & provide choices—She acknowledges that Shelly was not expecting her visit and then asks Shelly if it is okay with her to talk for a little while. Before turning to leave, she lets Shelly know that speaking with APS is her choice.
- Embarrassment → acknowledge feelings and show compassion—Kimberly acknowledged both Shelly and Daniel's feelings about having an unexpected visitor and having a stranger in their home discussing personal matters.
- Fear → reduce the threat and the unknown—Kimberly explains the APS program at the very beginning of the visit and tells Shelly that it is her choice to participate. She takes the time to speak with Daniel alone to clearly explain the APS program and what her visit means and ensures confidentiality.
- Defensiveness → clearly state what your intentions are and are not—Kimberly states throughout her conversations with Shelly and Daniel that she is not in their home to force anyone to do anything or make judgements. She tells the couple that her goal is to check on Shelly's safety and well-being, listen, and see if there are ways she can help them.

3. What other technique(s) does Kimberly employ?

Possible answers:

- Identify a common goal or interest-Kimberly says to Daniel "we both want the same thing". She also refocuses both Shelly and Daniel's attention to her visit in order to get them to pivot from their argument.
- Reflective and active listening-Kimberly listens to both Shelly and Daniel without interruption or judgement when they express their feelings and concerns to her. She gives non-verbal cues to show engagement: affirming head nods, leaning in to listen. With Daniel, she communicates back what she's hearing for confirmation and understanding, "I hear that you're worried about her".

4. What are some possible impacts of Kimberly being able to successfully de-escalate both Shelly and Daniel?

Possible answers:

- Kimberly was able to build rapport and trust with Shelly, which set the tone for a productive interview.
- She was also able to ease Daniel's fears regarding APS's home visit, helping redirect the tension between him and Shelly in order to be more supportive of her.
- She gave him a safe space to share his feelings about his current situation with Shelly and set the foundation to communicate further about how to help and support the client.

Handout: Focused Techniques (Adapted from De-escalation ILT)

Focused Techniques

Emotion or Behavior	→	Immediate Action
Fear	→	Reduce the threat and the unknown
Frustration	→	Active listening and lend control
Manipulation	→	Detach and redirect
Intimidation	→	Identify and verbalize consequences and/or state your boundaries
Hopelessness	→	Empower them
Loss of control	→	Lend control and provide choices
Feeling judged or defensiveness	→	Clearly state your intentions, focus on problem solving

Supportive Communication Techniques

Technique	→	Immediate Action/Goal
Identify a common goal or interest	→	Give them the sense that you are on the same team and have their safety and will-being in mind
Demonstrate empathy	→	Creates a safe space for sharing their feelings without fear or judgment, helping build rapport
Reflective responses/statements	→	Ask clarifying questions, paraphrasing, and reflecting the person's emotions
Validate emotions	→	Verbalize and support their emotions

Supportive Communication Techniques cont.

Technique	→	Immediate Action/Goal
Using "I" statements	→	Acknowledge their feelings without being judgmental
Show compassion	→	Thanking them for sharing their feelings
Offer support	→	Provide supportive words and time in the moment
Statements to avoid	→	Argumentative, judgmental, placing blame, "I know how you feel"

According to *Co-Active Training Institute (CTI) (2024)*, there are **three levels of active listening**. The overall goal is to balance staying aware of your own opinions/feelings, make sure they don't prevent you from being truly engaged with the other person while simultaneously being able to stay attuned to their mood, tone, body language.

Level	→	Result
(Level 1) Internal	→	Internal listening is when a person listens to the sounds of their own inner voice
(Level 2) Focus	→	Focus listening is where there is a hard focus between people
(Level 3) Global	→	Global listening is when a person is aware of the energy between themselves and others.

Checking our Biases

1. **How did you feel or what did you think when Daniel and Shelly began to argue? What did you think about Kimberly continuing with the interview? What would you have done differently?**

2. **We all have different thresholds for what we think is safe, risky or unsafe. How would you have classified this situation if you were the APS professional--safe, risky or unsafe? Why?**

3. **If the APS professional grew up in a home where there was a lot of raised voices, yelling, or arguing—what feeling might that bring up for them in this case**? **What if there wasn't a lot of yelling or arguing in their home growing up?**

   Possible answers:
   - If an APS professional grew up in an environment that had open arguments, the couple in this case could bring feelings associated with their past.
     - The interaction could possibly cause strong feelings of fear and anxiety. The APS professional may not be able to de-escalate due to feeling overwhelmed, activated, or uncomfortable.
     - They might also react in the opposite way, downplaying the argument or conflict and remain passive as the situation escalates.
   - If an APS professional did not grow up with any raised voices or arguing, they could also be overwhelmed by Shelly and Daniel's interaction. Witnessing something they are not used to could cause them to be hypervigilant or read the situation as potentially violent. They may feel the need to exit quickly.

Facilitator note: Discuss with learners how our personal experiences and upbringings will shape how we feel when people argue in front of us. It will also influence how we interpret situations and determine whether they are or aren't safe for us.

4. **Many dynamics contribute to one's sense of safety. In the video, the couple were heterosexual, White, likely in their 60s, appear affluent, etc. Individually reflect on this question: How**

might the actions/reactions of the APS professional or yourself change if:

- The couple was older?
- The couple was younger?
- The couple was not White?
- The couple was from a different socio-economic background?
- One or both were neuro-divergent?
- One or both were living with a mental health condition?

What did you come up with?

Facilitator note: To start a discussion, you can share when and how your own biases surfaced during your work or were a factor in determining your sense of safety. Remind learners that it is not a judgement to say someone has a bias—we all have them. The important thing is to be aware of what they are and how they affect our work with clients.

Impact of Interview

1. **How does this video show why de-escalation skills are important to social work, particularly to APS?**

   Possible answers:

   - Kimberly being able to respond effectively to Shelly and Daniel's emotions (embarrassment, fear, fear of judgement) helped establish trust—which is necessary for a client to open up to an APS professional. At the end of the video, it appeared that Shelly was speaking freely and engaged with Kimberly.
   - Kimberly's ability to intervene in Shelly and Daniel's argument prevented things from escalating further and returned the focus back to the client. This shows how de-escalation skills help promote safety.

   Facilitator note: This is an opportunity to discuss with learner's other reasons de-escalation skills are important for APS professionals:

   - *They help build trust and cooperation, not only with clients but with their support circle.*
   - *Without being able to de-escalate situations safely, you may miss an opportunity to provide much needed support and assistance to your clients, increasing their safety and well-being.*

References or Resources if applicable

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