Adapting the Verbal Escalation Continuum to the Needs of the Hearing Impaired

Being deaf in a hearing world can present many challenges to the individuals and to the persons providing them with services. Many of the techniques professionals have learned to use when dealing with crisis situations may not be as effective when working with hearing impaired individuals. This article describes adaptations to the Crisis Prevention Institute's Verbal Escalation Continuum as it applies to hearing impaired individuals.

Have you ever needed to answer the phone while doing dishes? Scratch your nose while making pizza dough? Tried to talk to someone who covers his or her ears, or makes loud noises so he or she can't hear you? Tried to read when there is little light to see? When hands are the primary means of communication, and eyes are the primary means of reception, many problems arise if access to either or both is limited. The feelings of frustration and helplessness that may arise in situations such as these, may occur in even greater magnitude while attempting to assist or communicate with an individual who is hearing impaired. When this individual is in crisis and needs assistance to regain self-control, the challenges are more complex.

Modifying the verbal escalation continuum may assist in correctly identifying the stages a hearing impaired individual may exhibit. A hearing impaired individual may demonstrate the stages of escalation differently than a hearing or verbal person. Staff need to intervene with a style that addresses the culture and communication pattern of the individual being assisted.

How should staff intervene when hearing impaired individuals express refusal by closing off access to communication either by turning their back or shutting their eyes? How should staff communicate while assisting a person to regain control? Failure to recognize the need to adapt standard techniques to the specialized needs of the hearing impaired may cause needless escalation of crisis situations.

The steps of continuum for a hearing impaired individual are likely to be as follows: unresponsive, refusal, ventilation, intimidation, and tension reduction. As in the verbal escalation continuum, the use of directives plays a central role in implementation. Some unique staff responses to each stage that ensure the individual feels supported, understood, and has the opportunity to regain rational control are detailed below.

Unresponsive

The unresponsive stage may begin with the person ignoring staff by closing down access to receptive language. Lack of eye contact or refusing to look may occur. This may be the most frustrating part of the continuum for persons providing them with assistance.

It is important for staff to remain rationally detached and in control and to allow ample time for the individual to initiate communication. Staff should attempt, if possible, alternate means of communication by using pictures or writing. This may assist the unresponsive person through less intrusive or intimidating techniques.

Continue to be supportive at this point. Do not force communication; rather staff should wait for the individual to open his or her line of communication.

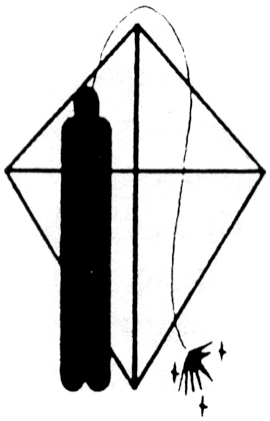
ESCALATION CONTINUUM FOR INDIVIDUALS WHO ARE DEAF

3. Ventilation

Loud Vocalizations
Extreme Movements
Object Manipulation

4. Intimidation

Physical Threats
Scare Tactics



2. Refusal

Walking Away from Situation
Sitting Down
Looking Away; Close Eyes
Making a Noise
Closed Body Language

5. Tension Reduction

Affect Change
Compliance to the Directive
Relaxation
Eye Contact
Receptive/Expressive Language Return

1. Unresponsive

Ignoring
Close Down Access to Receptive Language
No Eye Contact

Figure 1

Once communication is restored, questioning may occur in the form of information seeking or challenging questions. Staff should respond in the manner outlined in the Verbal Escalation Continuum. If the individual with a hearing impairment asks an informative question, answer it! If the individual has the opportunity to make choices, allow him or her to do so. If the question is challenging or if the directive must be complied with, ensure compliance through the techniques listed below.

Refusal

Individuals continue to be unresponsive and begin to escalate by refusing to comply with the directive or with attempts to communicate. They may walk away from the situation, go to another area and sit down, look away or close their eyes. Body language may become closed. Loud vocalizations may be heard at this time, another sign of escalation.

Staff should position themselves near the individual to gain attention. It is preferable to permit the individual to retain his or her personal space. Staff should use hand movement in the individual's line of sight to gain attention. This is not always possible. For some individuals, it may be necessary to get close enough so that you risk invading personal space. For example, staff may have to move in, touch the arm of the individual gently, then move back. The passage of time is very important in this step. Do not force communication; wait for the person to be willing to respond. The directive may need to be repeated.

A prompt hierarchy is a tool for ensuring the compliance with a directive. The prompt hierarchy focuses on redirection, and uses time to allow the individual to comply with a directive. The prompt hierarchy is as follows:

1. Give the general instruction.
2. If no help, wait for the individual to respond. The length of time allowed should be based on what is reasonable for the individual. The idea is to give the individual a chance to respond without creating a pressurized or power struggle situation. If no response, then proceed:
3. Introduce a nonspecific cue using sign language. Sign "what's next?" and wait for a response. If no response, then proceed:
4. Give specific instruction, breaking down the task into steps. For example, if the directive was "please come with me" and the individual fails to comply, give the next directive as "stand up." This is the first step to the directive, "please come with me." Wait for a response. If he or she still does not respond, then proceed:
5. Introduce a gestural cue. Use a gesture and specific signed instruction. For example, use an arm movement to gesture "stand up" along with the sign, or actually sit down and stand as sign "stand up" to demonstrate and emphasize the instruction. Wait for response. If there still is no response:
6. Repeat the hierarchy until compliance is achieved, but only if the person is not in danger of injuring him/herself or others. Focus only on the directive given, avoid eye contact or extraneous signing and movement. If the person is in danger of escalating further, physical guidance and specific instruction may be needed. Gently use physical guidance only if this person is not defensive when being touched. Do not use physical guidance in a forceful way or in a manner which will cause a power struggle or aggression. If there is still no response:
7. Staff may need to repeat the hierarchy several times until the individual complies with the directive.

Ventilation

The next step in the continuum is ventilation. For an individual who is hearing impaired, this may be in form of loud vocalizations, object manipulates, banging, throwing objective, or extreme body movements.

As with anyone, allow the individual to vent. Focus your attention on the directive after the individual begins to regain control. Again, time and space is very important.

Intimidation

Intimidation may be demonstrated through threatening signs or gestures. The individual may make physical threats by shaking a fist or swinging an arm as if to hit. Movements may be exaggerated. In the same way voice control and volume may be used to make a point by a hearing person, a hearing impaired individual may be more likely to use body language.

Staff may need to seek assistance if you anticipate needing to intervene physically. Another person will be critical at this stage to help with signing. Continue to maintain space and use time to your advantage to prevent further escalation. If physical interventions are necessary before help arrives, use touch to communicate. This can be done through the use of gentle pressure while holding the person or by positioning your hand to sign the work "fine" on his/her chest while using a restraint. This procedure reassures the individual that he/she can retain control. People can tell a great deal by the manner in which they are touched.

Tension Reduction

As in the verbal escalation continuum, the last step is tension reduction. Staff will begin to see an affect change in the individual as he/she regains control and becomes more relaxed. Receptive and expressive language will return. He or she may begin to use eye contact and comply with directives.

Staff response is one of therapeutic rapport. Do not be judgmental, especially in your body language. Redirect the individual to the task and/or activity at hand.

At all times be especially aware of your nonverbal cues. Individuals who are hearing impaired rely heavily on body language and facial expression as methods of communication. The degree of force in your movements or sign language, the tension in your body, the expression on your face, or how quickly or slowly you are moving are likely to be used by the individual as cues to your comfort level or level of vulnerability. It is important to display a calm, controlled response.

Conclusion

The techniques and examples described above are the results of a collaborative effort between staff of The Kennedy Institute Behavioral Support Services Project and the staff of a program for hearing impaired individuals in Baltimore, Maryland.

With all individuals, the best approach to utilize is one which is based on a combination of theoretical knowledge and personal insight into the personality, hopes, desires, and patterns of the behaviors of each individual we encounter. No single method can be relied on to be equally effective with all individuals. Adaptations to particular circumstances and that stress individual responses may be necessary. It is hoped that continued reflection upon our collective experiences and mutual sharing of information will

enhance our capacity to ensure the safety and welfare of the individuals served by agencies we provide with Crisis Prevention Institute training.

Bibliography

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