



## Systems Advocacy — Your Help Is Needed

by Sylvia Danforth

The legislature is back in session and your involvement is needed now. The seriousness of the decisions facing this legislature is unprecedented and there are no easy answers.

Your understanding of the process and your support of critical bills and funding is essential in assuring that services important to individuals with disabilities are funded.

The Montana Association of Independent Disabilities Services (MAIDS) has a systems advocacy committee that developed a legislative agenda and process for supporting input from both providers of services and consumers of services.

Lobbyists working for MAIDS are Jani McCall, MAIDS Executive Assistant and Wally Melcher, Director of Helena Industries. They monitor the daily activities of the legislature; testify and work with legislative committees and appropriate state agencies as required; and communicate with providers and consumers as necessary to assure the advocacy required. They are the folks who let us know what's happening and how we can help. E-mails are sent by the lob-

byists almost daily alerting us to any need for action and keeping us informed on daily legislative happenings.

Each week, the Systems Advocacy Council holds conference calls to provide information and seek input from a provider and consumer from each region. Members of the committee are:

### Region One

Sylvia Danforth 232-6034  
Karen Lundby 234-7751

### Region Two

Sharon Odden 761-3680  
Suzie Twedt 761-6296

### Region Three

Rhoda Miller 652-5443  
Kevin Kosmann 247-1512  
or 652-6750

Billy Diechart 245-6323  
Jason Crabtree 245-6323

### Region Four

Rob Tallon 587-1271  
Othelia Schulz 563-7396

### Region Five

Brodie Moll 676-2563  
Tom Price 297-2472 or 889-3698

### DDPAC

Deborah Swingley 800-337-9942  
or 444-1338

### MT Advocacy Program

Bernadette Franks-Ongoy  
449-2344

### Lobbyists

Jani McCall 670-3084  
Wally Melcher 442-8632  
or 459-1950

We need your help now. Please consider making a donation to the MAIDS Systems Advocacy Committee and getting on the E-mail list to receive Wally's E-mails. You can do that by E-mailing Wally at [wally@mt.net](mailto:wally@mt.net) with your name and E-mail address. Donations can be sent to Sylvia Danforth, MAIDS Systems Advocacy Chair at DEAP, 2200 Box Elder, Miles City, MT 59301.

This legislative session will be the most challenging ever and there are not easy answers. Please get involved in these critical systems advocacy opportunities by making a donation, writing letters, making phone calls, talking to your legislator or whatever else is needed to support funding for services for people with disabilities. ☺



# Handling Angry Clients and Families

By Carol A. Butler, MS Ed., RNC, for Wellness Reproductions and Publishing, LLC

Do you clench your teeth, tighten your muscles, and bristle when people complain, criticize, or condemn? Join the club! Angry clients and their families, going through the worst of times, often lash out at professionals who choose to help. Enable them to vent feelings, cool down, comply with requests, or resolve conflicts while you remain calm, compassionate, but unwavering when necessary.

Empower versus overpower them with these tips.

## Overdose with Agreement

You need not agree with their views. Just validate their feelings. For example, you could say...

"It sure is an upsetting situation for you."

"Yes, it is very difficult for you."

"It does seem terrible."

Don't try to reason with irate persons. Your goal is to calm, not persuade. L.E.A.P.S.

## Listen

### Empathize

### Ask Questions

### Paraphrase

### Summarize

Listening allows them to vent feelings. Have you ever fumed to your friends or family and received well-meant advice? Were you receptive? Initially, angry people want to be heard, not helped.

Empathizing conveys that you understand their concerns. Don't try to change their minds or impose your opinion.

Asking questions elicits their perspective. Avoid "Why...?" which fosters defensiveness. Ask "How...?" to determine their thoughts and feelings. Don't impersonate a detective or a judge!

Paraphrasing proves you've heard and understand. Repeat their concerns in your own words.

Summarizing provides a "snapshot" of the situation, laying the groundwork for later problem-solving.

## Behavior Begets Behavior

Be calm, compassionate and respectful and your clients may model your behavior. Apologize for their inconvenience. Explain what you can do to help. Don't verbally attack the people or defend the institution, staff, laws, or yourself. Defensiveness appears argumentative and adds fuel to the fire. Ignore sarcasm or questions challenging your position or policies and redirect attention to the issues.

## Spatial Relationships

### Proxemics

Provide them extra personal space. Be approximately their leg's length away versus "toe to toe" or "in their face." Position yourself near a door, but allow them access to exit. Don't corner yourself or anyone else.

### Body Language

Don't literally look down at them. Be at their eye level, stooping near the bed, sitting across

## QUALITY MATTERS

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This is a publication of *Parents, Let's Unite for Kids*, a private nonprofit organization founded in 1984 by a group of parents of children with disabilities and chronic health problems. This project is funded (in part) by the Developmental Disabilities Program of Montana DPHHS. Any statements contained herein do not necessarily reflect the opinion of the Department.

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from or standing at an angle, facing slightly sideways, palms up. Avoid authoritative stances with hands on hips or arms crossed.

### Break Barriers

Unless you fear physical violence, do not sit behind a desk or stand behind a counter. Move to their side of the obstacle and, ideally, seek an area within earshot of help but away from an audience.

### Paraverbal Communication

Tone, volume and cadence matter more than content as people escalate. Although we would not be making the following (defensive) remark, it illustrates how accentuating one word changes the message. Read the following statement aloud, emphasizing only the word in bold:

**“I didn’t call you stupid.”** (implies someone else called you stupid)

**“I **didn’t** call you stupid.”** (denies the accusation)

**“I didn’t **call** you stupid.”** (implies you really are stupid versus being called stupid)

**“I didn’t call **you** stupid.”** (implies I called someone else stupid)

**“I didn’t call you **stupid**.”** (implies I called you something worse)

### Avoid Escalation Enhancers

Don’t command, criticize, threaten, preach, placate, analyze, advise, debate, degrade, blame, lecture, label, stereotype, minimize, interrupt, use sarcasm, misuse humor, half-listen, tune out or try to be right. Don’t “should” on them!

### Expect Anger

Avoid taking it personally! Don’t be unnerved by their crying or offended by profanity. Denial, anger, bargaining, depression and acceptance relate to the grief and loss associated with mental illness and/or substance abuse. Remember the person who is mad at the boss and kicks the cat? To clients and families upset with the disease, the doctor, law enforcement, the system, or whatever, you’re the cat!

### Tip of the Iceberg

Angry words represent the tip of the iceberg...understand the underlying layers: fears of abandonment, loss of face, loss of control over a situation, as well as sadness, guilt, and other factors. The current stressor may be the last straw on the overburdened camel’s back.

### Ignorance Is Not Bliss

Fear of the unknown generates anger. A lack of education, cultural or language barriers, and illiteracy can compound a client’s frustration. Even highly educated people experience cognitive deficits during crises. Concisely communicate only what they need to know now.

### Conflict Resolution

Here are some techniques to resolve your conflicts with clients:

Clear the air: “We need to talk.”

Take time out: “Let’s calm down for ten minutes, then meet.”

Set ground rules: “No threats or violence — only mutual respect.”

Listen first: “Please tell me your view.”

Summarize their perspective: “You feel... you think... you’re upset about...”

Share your information: “The policy states... the procedure is...”

Provide options: “You may resolve it at this level or talk with the supervisor or file a grievance report...”

Brainstorm solutions: “Let’s think of all the possibilities.”

Compromise: “Let’s meet halfway.”

If all else fails, agree to disagree!

### Assertion as Needed

If there is no room for compromise and your client must comply for safety’s sake, use these techniques:

Make simple requests

Just say “no”

Be a broken record — calmly, in one or two brief sentences, repeat your request or response each time they argue

Speak in positives

Repeat alternatives

### Hot Versus Cold Threats

Hot threats are made in the heat of anger and pose immediate danger: “If you come closer I’ll punch you out!” Cold threats are cunning, calculated efforts to control: “I’ll get you fired!” or “When I get out of this program you better watch your back!” or “Don’t take your eyes off your kids!” They pose future danger.

When dealing with hot threats, talk “down” escalating situations by calming the client

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down with the methods previously addressed.

When facing cold threats, talking them “up” is imperative for safety. People making cold threats use your traits or personal information against you. They comment about your appearance, sexual preference, age, family, or other sensitive issues, or they convey knowledge about the kind of car you drive, your children’s school, or your address. They often threaten via notes or telephones. They thrive on secrecy. You must talk “up” to colleagues about the threats, despite embarrassment or fear. You and at least one coworker must confront the manipulation and discuss better ways to solve the problem. When necessary, report threats to the police, Child Protective Services or other agencies, and use restraining orders (and stalking laws, if available).

### **Safety First**

Intervene early — at the first signs of escalation. Don’t think that if you ignore them they’ll go away!

Keep others away from angry people.

Alert staff members and security guards to be close by.

Avoid appearing to gang up on someone, but if necessary, a show of numbers usually fosters compliance.

Only one person should verbally direct the agitated person. However, additional staff provides support by their presence.

Allow angry people time and space.

Remember “fight or flight,” and allow them a graceful way out.

Train staff members how to manage assaults for times when physical containment is required.

Realize that people with frightening hallucinations, paranoid delusions, or who are under the influence of substances, usually are not receptive to verbal de-escalation. Medication and special interventions may be required. ☛

### **Resources**

“Managing threatening behavior: The role of talk down and talk up” by Gary J. Maier, MD, in *Journal of psychosocial nursing*, 1996, 34:6. Addresses “hot” and “cold” threats.

*Management of assaultive behavior* by the MAB Task Force, State of California, Department of Mental Health, is an excellent resource regarding the escalation cycle and physical containment.

### **About Carol A. Butler, MS ED, RNC**

Carol is a Nurse Educator at San Bernardino County California’s Arrowhead Regional Medical Center, Behavioral Health Department. She has a Master of Science in Education and School Counseling, a Certificate in Alcohol and Drug Studies, and is a Board Certified Psychiatric and Mental Health Registered Nurse. She is a member of the American Psychiatric Nurses Association and the Alliance for Psychosocial Nursing and is a certified instructor for Management of Assaultive Behavior.

She has worked in mental health for twenty-five years as an Adult Educator, Evaluator, Counselor and Job Placement Specialist in Vocational Rehabilitation, an Employee Assistance Counselor, and a Psychiatric/Mental



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