

You Said What?! Navigating Conflict Management & De-Escalation in Housing Settings Through Harm Redux

Melissa Matheney, Training & Development Manager,
National Harm Reduction Coalition

Taylor Edelmann, LGBTQIA+ Health & Harm Reduction Manager,
National Harm Reduction Coalition

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National Harm Reduction Coalition creates spaces
 for **dialogue and action** that help heal the harms caused
 by racialized drug policies.



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1) WORKSHOP OVERVIEW

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OBJECTIVES

- **Understand the foundational principles of harm reduction in conflict resolution within housing settings.**
- **Analyze common sources of conflict in housing settings, particularly related to substance use, mental health, anti-Blackness, and transphobia, considering trauma, stigma, and unmet needs.**
- **Develop and apply strategies for conflict management and de-escalation, integrating harm reduction principles, empathy, and collaboration.**

GLOSSARY

PWID - People who inject drugs

PWUD - People who use drugs

HCV/HBV/HAV - Hepatitis A/B/C Virus

SSP/SAP - Syringe Service/Access Program

STI - Sexually Transmitted Infection

SUD - Substance Use Disorder

IDU (Verb) - Injection Drug Use (the verb)

DOS - denial of service

Sex assigned at birth sex (male or female) assigned to a child at birth, most often based on external anatomy

Gender Identity an internal sense of one's own gender. Can correlate with sex assigned at birth or differ from it

Gender Expression how a person presents gender outwardly, via behavior, clothing, or other perceived characteristics. society identifies these cues as masculine or feminine, although this changes over time & varies by culture

Sexual Orientation an enduring emotional, romantic, or sexual attraction to others



2) REVIEWING HARM REDUCTION

THE HARM REDUCTION **APPROACH**

Harm reduction utilizes a spectrum of strategies to reduce the negative consequences associated with drug use, sex work, and other behaviors.

**SAFER
TECHNIQUES**

**MANAGED
USE**

ABSTINENCE

THE HARM REDUCTION MOVEMENT

Public Health
=
Social Justice

Racism, stigma, and
criminalization
cause harm

Ending inequality and
oppression, fostering
health and liberation

Leadership of the most
impacted is key to
transformative change.

PRINCIPLES OF HARM REDUCTION

**Health and
Dignity**

**Participant
Centered
Services**

**Participant
Involvement**

**Participant
Autonomy**

**Sociocultural
Factors**

**Pragmatism
and Realism**

WHAT CONFLICTS TYPICALLY EMERGE WITHIN HOUSING PROGRAMS CONCERNING PWUD?



WHAT CONFLICTS TYPICALLY EMERGE WITHIN HOUSING PROGRAMS CONCERNING PWUD?

stigma

neighbor/roommate
conflicts!

isolation

being thrown out of
programs

Loss of job,
relationships, etc.

incarceration

Shame, exclusion
Feelings of
hopelessness

Overdoses, death

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3) RECOGNIZING CONFLICT

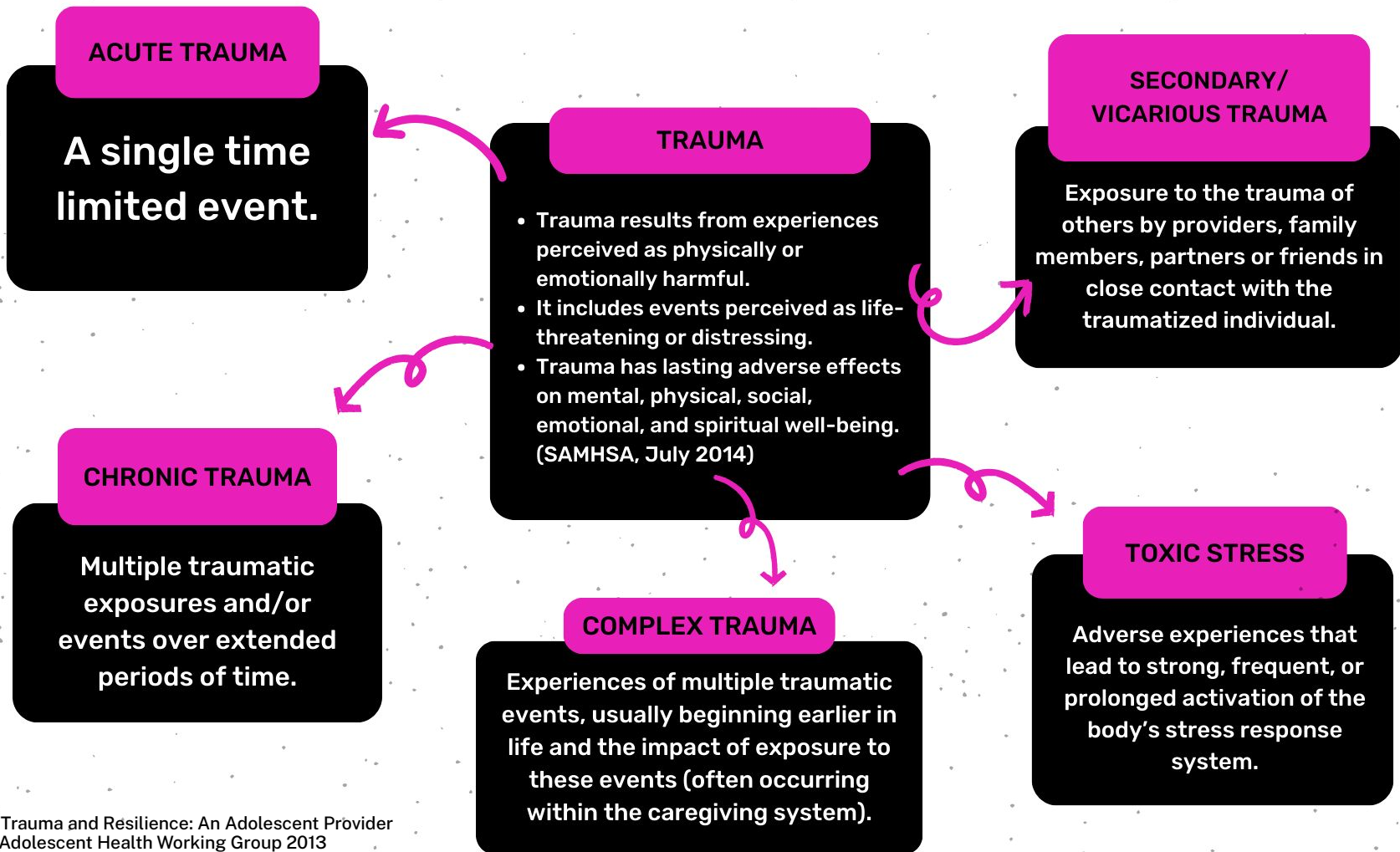


WHAT IS CONFLICT AND ESCALATION?

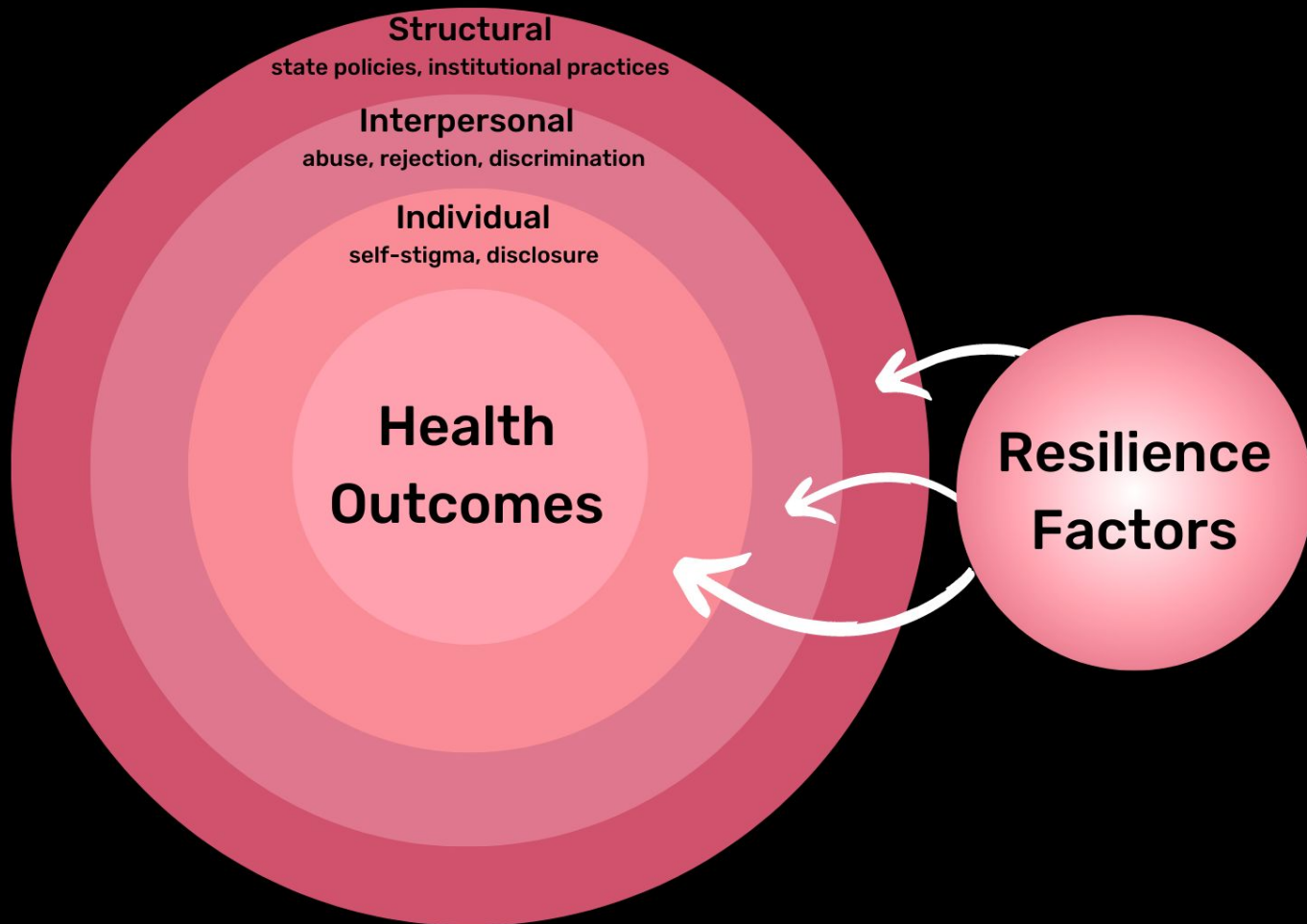


CONFLICT

- **A struggle or clash of interest, opinion or principles.**
 - Those involved may see a threat to their needs being met or their concerns being addressed.
- **A key element of conflict is the idea that each person may have a different perception of any given situation.**
 - You perceiving someone as aggressive when they aren't threatening vs being stern (up to interpretation)
- **Conflict does not exist in a vacuum. Those involved bring with them all of their history with conflict, feelings, moods, and perceptions.**



Minority Stress Model



HOW DOES TRAUMA AFFECT US?

PAUSE for 2 minutes - jot down your responses to the following:

- What are some **physical reactions** to trauma?
- What are some **emotional reactions** to trauma?
- What are some ways that trauma can impact someone's **ability to engage** in services?
- If you're a provider, how does it **show up**?



Getty Images/Robert Alexander

ESCALATION

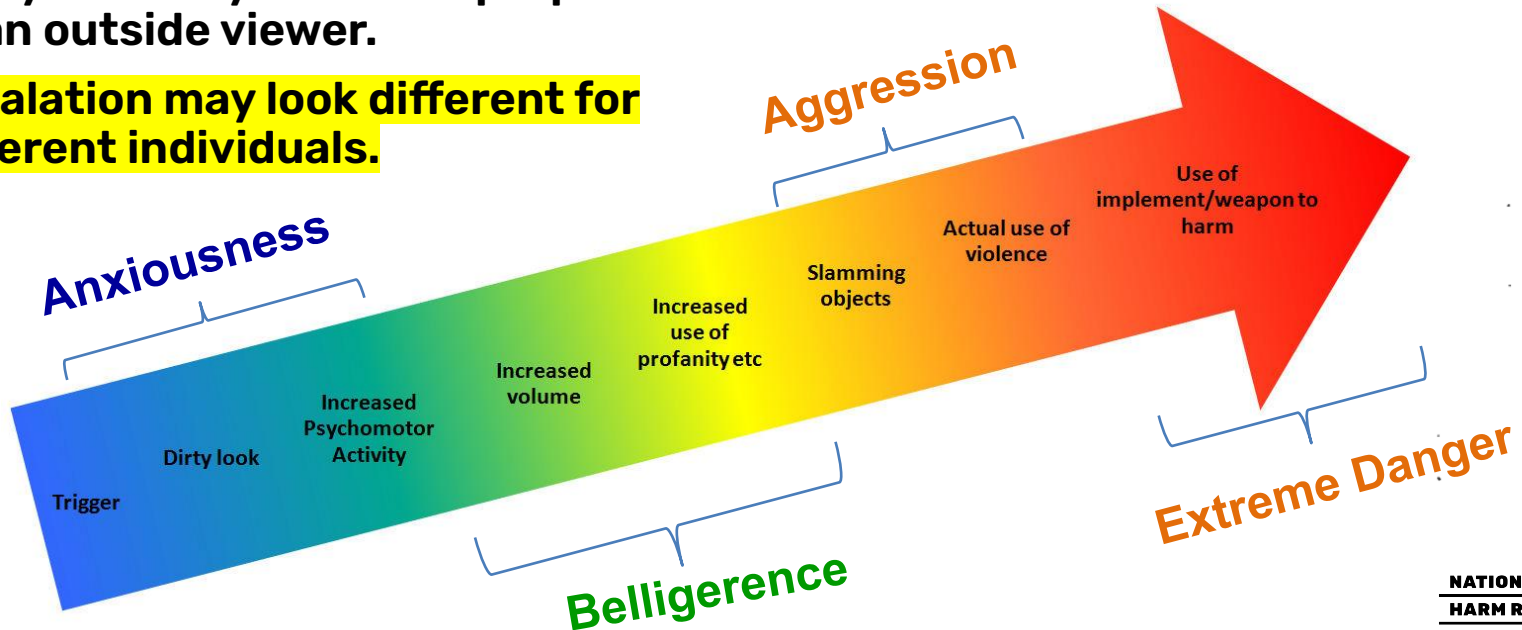
A rapid increase or rise in emotions, usually in a negative context.



STAGES OF ESCALATION

Sometimes trauma responses are seen as people reacting to “small things” in a way that may not seem proportionate to an outside viewer.

Escalation may look different for different individuals.



A decorative maze pattern in black and white, located on the left side of the slide, extending from the top to the bottom.

DISCUSSION & REFLECTION

- **WHAT ARE SOME EXAMPLES OF CONFLICT THAT ARISE IN YOUR ORGANIZATION?**
- **WHAT DOES IT MEAN WHEN A SITUATION IS ESCALATING?**
 - **WHAT DOES IT LOOK/FEEL/SOUND LIKE?**



4) DE-ESCALATION

DE-ESCALATION

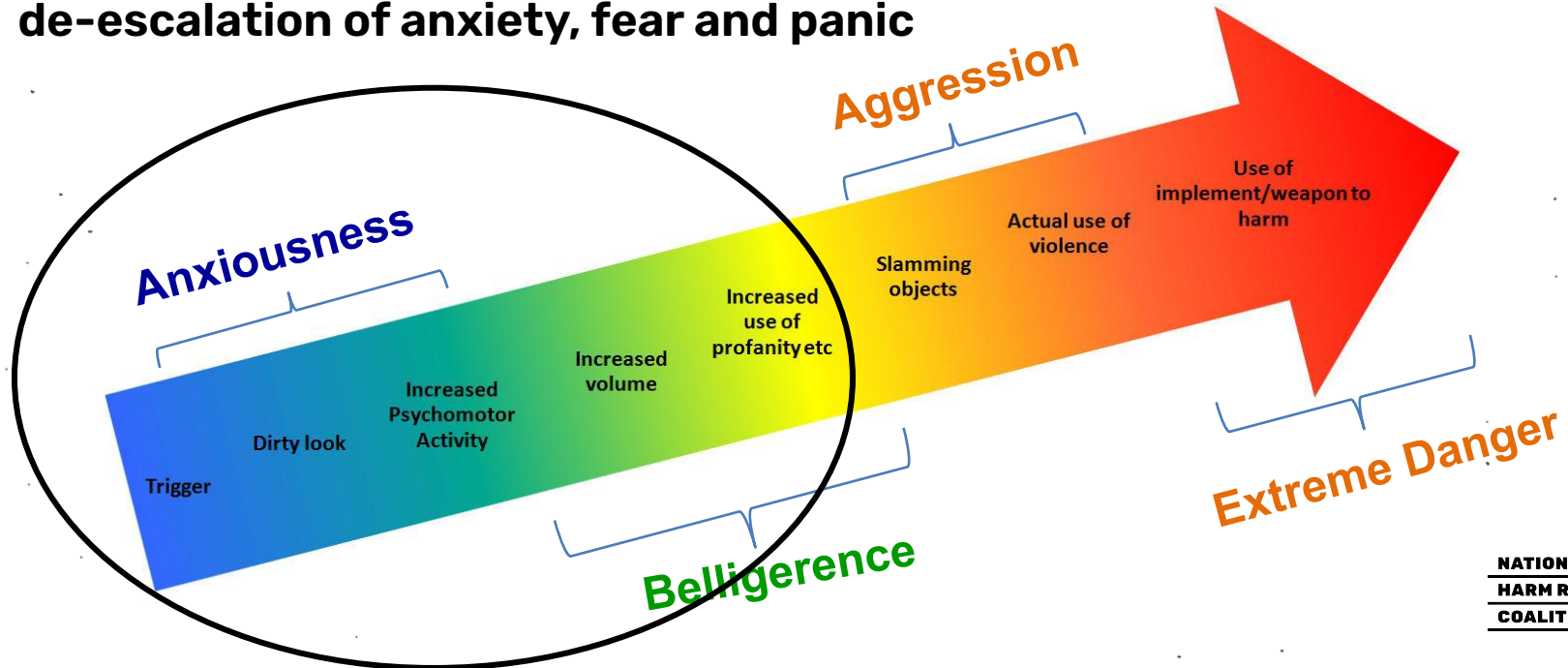
De-escalation is a technique used during a potential conflict situation in an attempt give a person a space to express and process their emotions in a safe way and reduce the chances of them causing harm to us, themselves, or others

It is **NOT**:

- A teaching opportunity (although it is a chance to LEARN)
 - Not the time to “prove your point”
- Something you will only ever have to do once

DE-ESCALATING CONFLICT

Part of intervening effectively in a crisis situation is recognizing and helping the participant feel an immediate de-escalation of anxiety, fear and panic



KNOW YOUR PEOPLE, KNOW YOURSELF

- **Escalation doesn't have a singular "look."** Some people get loud, some people go quiet- pay attention to patterns of behavior participants and community members exhibit to know their baseline
- **Know your boundaries and name them upon initial meeting** (do you know yelling triggers you? Let a participant know that you will have to temporarily disengage with certain behaviors)
- **Your pre-existing relationships with participants matter. Will they escalate with you? Or de-escalate?**
 - How do our lived experiences work to our advantage? Possible disadvantages?
- **Check yourself**
 - How do YOU respond to conflict?
 - What triggers you or "sets you off"?
 - Is your response going to escalate the situation?
 - Is your response REACTIVE or RESPONSIVE?

DE-ESCALATION AND POWER

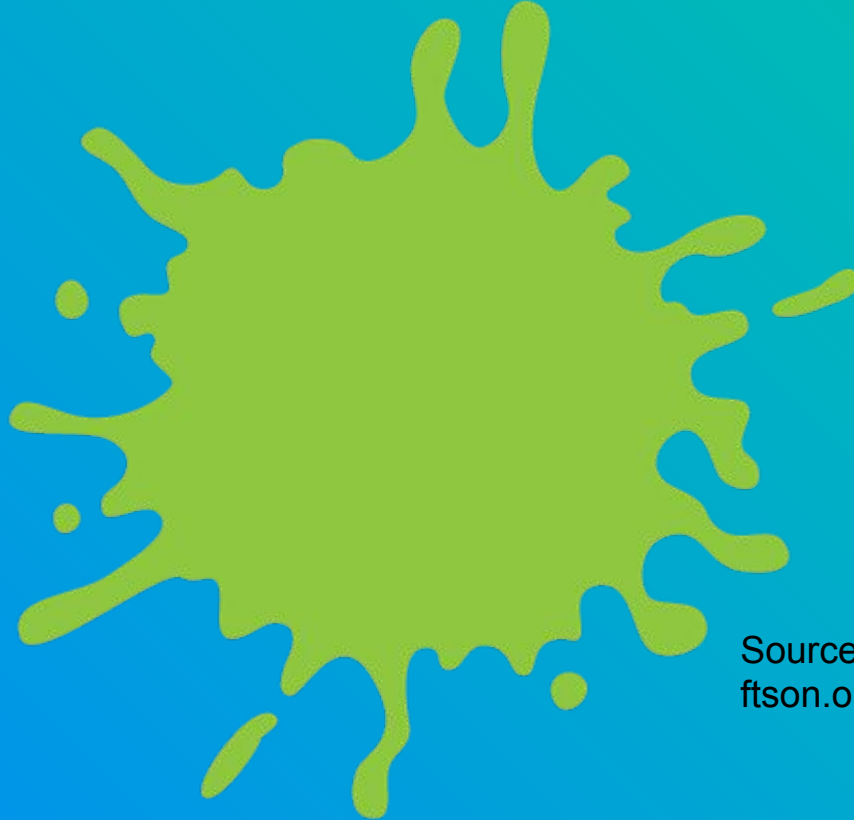
- **Being aware of power dynamics in a situation can help you understand it a lot better**
- **Providers and participants rarely have a fair power dynamic by nature of one providing things that the other needs**
- **There are also a myriad of other power dynamics and cultural differences that can impact how we are perceived and how we perceive others**
 - Race, ethnicity, and nationality
 - Stigma related to drug use, homelessness, and mental health
 - Gender, gender presentation, and sexuality
 - Poverty and access to resources

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STRATEGIES FOR DE-ESCALATION

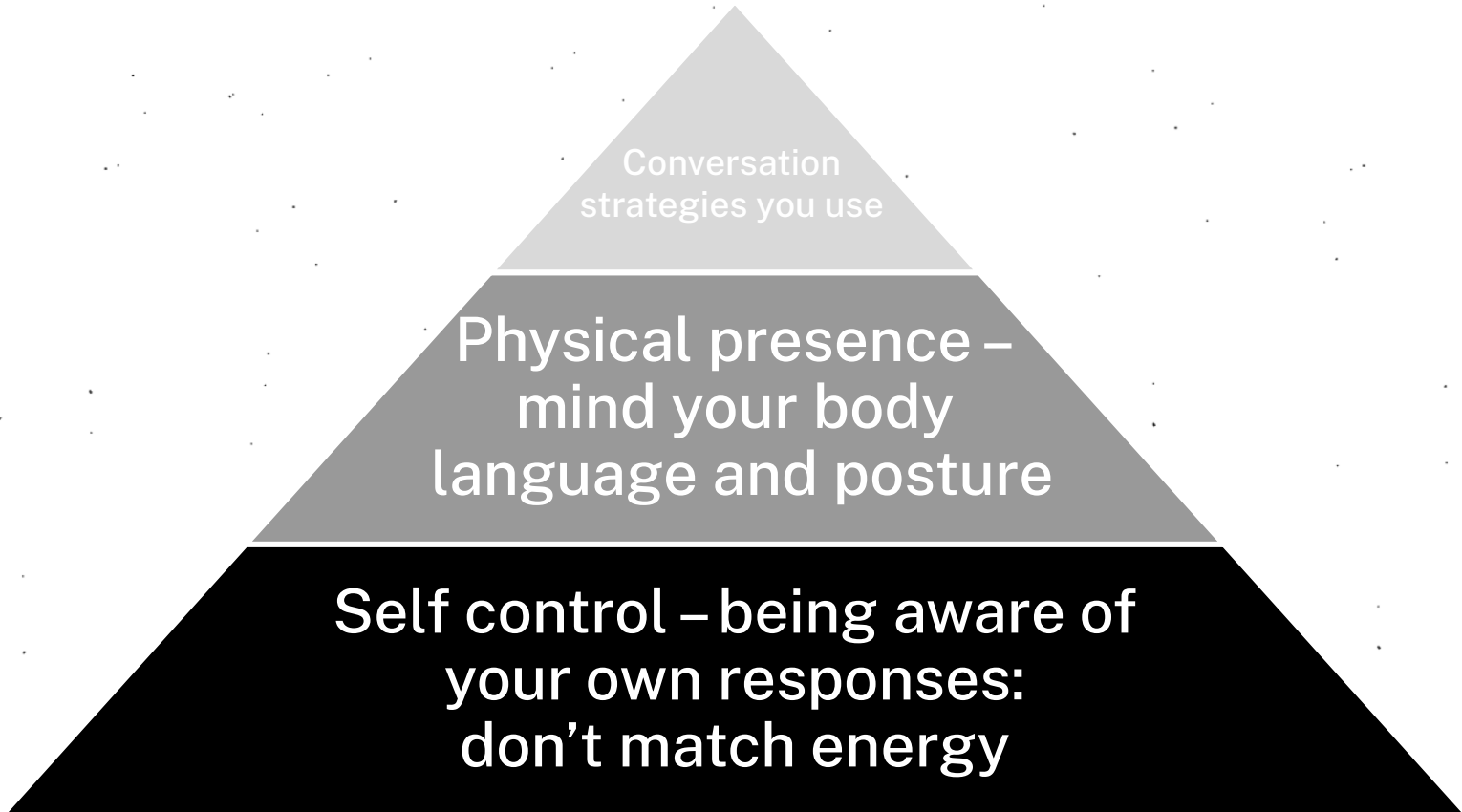
DE-ESCALATING CONFLICT: **SPLAT**

- **S**elf-Control
- **P**revent
- **L**isten
- **A**dapt
- **T**hink



Source: FDOT
ftson.org

DE-ESCALATING CONFLICT: **SELF-CONTROL**



DE-ESCALATING CONFLICT: PREVENT

Community Guidelines

- Post, understand & communicate guidelines
- Get feedback and community consensus on guidelines
- Don't play favorites

Be Available

- Listen to people's concerns and collaborate to address them.
- Offer options and choices
- Give yourself space between clients to be fully present
- Tell the person what they are doing well

Avoid Stigmatizing Language

- Speak about substance use in neutral, fact-based terms so people feel comfortable having honest conversations with you

Be Aware of Surroundings

- Know what is going on, both in your site and outside
- Listen and observe for cues of escalation—observations should guide, not dictate the encounter

Language plays a crucial role in preventing conflict with participants. By using person-first language in our intake forms & conversations, we separate the individual from their behavior/health status and create a more welcoming environment.

Stigmatizing

**Person-first
Language**

Drug addict	➔	Person who uses drugs
Prostitute	➔	Person who does sex work or Sex Worker
Drug problem	➔	Substance use (disorder if diagnosis)
Clean/Sober	➔	Abstinence
Crazy	➔	Person living w/ mental health issues
Infected w/ HIV	➔	Person living w/ HIV

Important Note: People with lived experience/ living experience may **self-identify** with language that may not be appropriate to use as a service provider. Refrain from armchair diagnosing!

**NATIONAL
HARM REDUCTION
COALITION**

STRUCTURAL DE-ESCALATION: POLICIES & PROCEDURES

- **Seek to implement trauma-informed systems of care**
- **Provide staff with adequate supports to prevent burnout or conflict (clinical supervision, paid time off, etc.). Provide adequate staffing!**
- **How might some of our policies create or cause conflict with our participants?**
 - **What leads to being exited from the program?**
 - **What might make others feel unsafe?**
 - **Ex: Metal detectors feeling carceral**
 - **Not being able to have weapon for safety outside the shelter**
 - **Not being able to have visitors or pets**

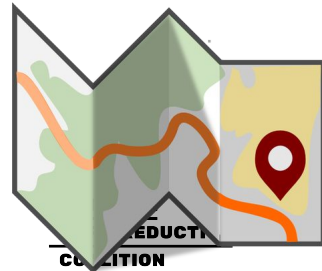
DE-ESCALATING CONFLICT: LISTEN

- **Maintain a calm and concerned demeanor**
 - Keep hands visible/don't make sudden drastic movements
- **If you don't know them, introduce yourself and ask them their name**
- **Let them talk & give yourself some space**
 - If they are yelling/screaming, respond in a calmer manner- stern and assertive without being aggressive
 - Listen instead of jumping into problem-solving mode

A GOOD INTAKE COULD SAVE YOUR A**

Treat residents as the experts they are and seek knowledge from them about their strengths, community supports, and behaviors to provide a roadmap of how you successfully engage with them. Asking these questions can help inform how to respond to a person when in crisis (how do I approach them?):

- If you had an ideal case manager, how would they engage with you when you are feeling angry/sad/lonely. What would they say/do?
- What does depression look like for you?
- What activities help you ground/chill out when you feel out of control/overwhelmed?
- **Is there ever a time we should be concerned about you? What does that look like and what do you want us to do?**



RELATIONSHIPS PREVENT CONFLICT FROM ESCALATING

RELATIONSHIP BUILDERS

- Ask questions to show you care
- Give compliments
- Good deeds (even smiling or water)
- Remembering names and details
- Use simple, plain and direct language
- Warm, genuine tone (while being authentic to you)
- Avoid rushing the participant, and give them time to respond to what you are saying

RELATIONSHIP DESTROYERS

- Criticism
- Mindful of tone when enforcing and upholding community agreements
- Stonewalling (refusing to talk, repeated mistreatment)
- Contempt (often through body language)
- Talking down to someone
- Inconsistency

DE-ESCALATING CONFLICT: ADAPT

- Operate from a positive place with the goal of getting people what they need
- Move with the participant (if they sit, sit/if they stand, stand)
- Focus on what you CAN do, not what you CAN'T. Give people as many options as you can, stay transparent/ realistic
- Be flexible, some of these tactics will not work for everyone
- Tag in another colleague
- Offer a change of scenery if it is safe to do so (go on a walk, meet in office)

DE-ESCALATING CONFLICT: **THINK**

- When in conflict, we can jump to moving and speaking with our emotions
- Take a moment to think before you respond
 - You can't take words back



Spatial Safety

- Know your exits! Make sure they are free of obstruction, no staff or program participant should ever feel locked in/cornered
- Do you have scissors on desk? A heavy paperweight? **Keep stored/put away unless actively using**
- Lanyards, long hair, and dangling jewelry can be hazards, **be aware of what you wear!**

Personal Safety

- Trust your instincts, if de-escalation is not working, **STOP**
- Call for assistance, or clear out the room/exit the situation
- Don't work alone! If you have to, ensure a coworker knows where you are at all times/text on arrival, upon leaving, if anything is weird
- **LEAVE** if you feel in danger

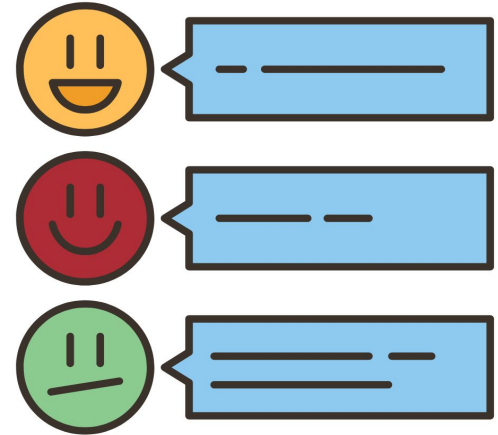
What is your organizational policy on when to call the police? Mobile crisis?



5) PUTTING IT ALL TOGETHER

A NOTE ON LAW ENFORCEMENT

- **Adequate staff support**
 - Clinical supervision should be offered to ALL staff (if/when able)
 - # of staff on duty/ out
 - **YOU SHOULD NEVER BE ALONE!!**
- **Debriefing**
- **Accountability process, if necessary**
- **Next steps & additional trainings as necessary**



TAKE HOME MESSAGE

**Staff
connection**

**Recognize
escalating
behavior: note
all cues**

**Clear
communication**

**Be aware of
your
surroundings**



THANK YOU FOR ATTENDING **THIS WORKSHOP**

Melissa Matheney (she/her)

Training & Development Manager

matheney@harmreduction.org

Taylor Edelmann (he/him)

LGBTQIA+ Health & Harm Reduction Manager

edelmann@harmreduction.org

harmreduction.org

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