

An Overview of De-escalation Approaches to Prevent and Manage Workplace Violence

Introduction

The de-escalation process chosen by a health care facility must be chosen in the context of all other interventions used to manage agitated and violent patients and be part of a comprehensive approach to preventing WPV.

De-escalation comprises of a combination of verbal and non-verbal communication, self-regulation, assessment, and actions, aimed at reducing or eliminating agitation and violence whilst maintaining the safety of staff and patients and visitors. (Hallet & Dickens, 2017)

This includes the use of verbal and physical expressions of empathy, negotiation, non-confrontational limit setting, and conflict resolution. (Morphet et al, 2018)

Verbal de-escalation involves validating a patient's experience, establishing a collaborative relationship to help the patient to regain control of their emotions and behavior and finding solutions to ensure the patient's needs are met. (Lofchy & Fage, 2017; Richmond et al., 2012)

Garriga explains that approaches to de-escalation vary and there is little consensus on what is the best method or model to use, however, experts agree that verbal de-escalation and environmental modification techniques are a preferred intervention for imminent violence and that physical restraint and seclusion is used as a last resort strategy in managing escalating behaviors. (Garriga et al, 2016)

Currently, there is no clear evidence that de-escalation training reduces the number of actual incidents of violence and aggression, or reduces staff injuries, however, there is some evidence that de-escalation training improves staff confidence in dealing with and managing escalating violence and in self-reporting of workplace violence incidents. (Leach, 2019)

For de-escalation to be successful staff must be well trained and practiced in de-escalation techniques to identify which components are needed in different situations, assess which interventions are effective in the moment, while at the same time, maintaining the safety of patients and staff who are present. (Hallet & Dickens, 2017; Welper and Wiegel, 2019)

Refer to **Section 6** for more information about WPV training.

More information about various de-escalation techniques can be found in [The Joint Commission's De-escalation in HealthCare guide, Jan 2019](#)

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Overall, healthcare facilities should adopt a method of de-escalation that works best for them and their patient population and within the context of a comprehensive WPV program as described in this toolkit.

De-escalation techniques

Note: the following refers to actions recommended to de-escalate an agitated patient, but they may also be used when dealing with family members or visitors

Before attempting to de-escalate the situation

- Find out as much as possible about the patients' background and potential risk factors and/or triggers for agitation and violence such as, history of trauma or abuse, clinical diagnosis, and prior history in facility. Refer to **Tool 5g. Risk Factors for Violence**
- Check for violence alert notifications e.g. flag alert in the patient's electronic records to indicate history of violence, signage on a patient's room door, etc.
- Know your role and responsibilities within the organization's WPV policy and processes to manage and prevent violence, such as, wearing panic alarms and Code Grey/White code procedures, and specific processes to manage agitation related to specific situations such as, patients with dementia or certain behavioral health crises.
- You should receive competency-based training on de-escalation methods before attempting them with a patient.

Trauma Informed Care

When understanding triggers for agitation and escalating violence, it's also important to consider the patient's personal experiences of abuse or violence victimization.

Maintaining a trauma-informed perspective and awareness can further help you understand the rationale for how the patient is expressing their fears and collaboratively address the patient's needs in that moment and in future care planning /or delivery of care. (Beattie et al., 2019)

To learn more about Trauma-Informed Care

go to the Substance Abuse Mental Health Administration (SAMHSA) -HRSA Center for Integrated Health Solutions (CIHS).

<https://www.integration.samhsa.gov/clinical-practice/trauma-informed>

More references are also provided in **Section 5** of this Toolkit

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- *It is critical that you know:*
 - How to quickly assess when a patient is not responding well to verbal de-escalation
 - When and how to get help if the situation escalates
 - When and how to safely remove yourself from the situation/vicinity to protect your physical safety.
- When first interacting with the patient **conduct a risk assessment** to determine the risk for violence and follow established violence management protocols that state how to respond to the level of violence assessed.

Tool 5a WPV Risk assessment tool is an example of an assessment tool. There are more resources in **Section 5**.

- Limit stimulation and distractors, and the number of people in the immediate area of care. Having too many people in the room or care area may be overwhelming however, you should assess if you need at least one other staff person with you if there is a concern for your personal safety. (The Joint Commission, 2019)
- As part of the organization’s WPV plan, the process of deciding when and who should accompany you, when dealing with an agitated patient and/or visitor, and when you can decline to provide direct care due to safety concerns, should be clearly defined.
- There should be enough space to facilitate personal safety and maintain a safe exit and allow patients to move about freely.
- Do not turn your back on the patient and don’t try to detain a patient if they are trying to leave or exit the care area.

Consider what to do if a staff member is escalating a patient’s agitation

Some hospitals have standardized protocols to alert a staff member when they should excuse themselves from a situation because their response is escalating the patient’s behavior e.g. ‘Dr. Armstrong needs to see you immediately’; or a double tap on the shoulder of the staff person that should be excused.

The following key elements for verbal de-escalation are based on the American Association for emergency psychiatry and other related resources, where the overall goal is to calm the patient and allow them to regain control vs. trying to solve the problem that caused the agitation (Richmond et al., 2012, Shook, 2016 CPI, 2017, Boulger et. al., 2017, Jubb & Baack, 2019, Depression and Bipolar Support Alliance, 2019).

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Patient's 'act out' or become agitated or aggressive because they are in a stress situation. They may feel vulnerable, frustrated, emotionally overloaded, afraid, threatened, helpless, and/or powerless. Anger is a response to these feelings. (Rasmussen, 2017)

Be respectful, empathetic and non-judgmental or controlling. Remain calm, rational and professional. Remember, the situation is *not personal*. How you respond can have a direct effect on whether the situation escalates or diffuses

Don't argue, be condescending or criticizing, or command the patient. Avoid interrupting the patient. Don't instruct the patient to 'calm down' or falsely threatening e.g. calling security or the police, as this can escalate the situation. (Lofchy & Fage, 2017)

1. Respect personal space

Maintain a distance of two arm's lengths and provide space for easy exit for either party

2. Do not be provocative or respond in anger, be in control and measured.

Maintain a non-confrontational body posture:

- Keep your arms uncrossed and hands relaxed/open where patient can see them, and knees bent.
- Minimize use of gesturing, pacing, fidgeting which are signs of nervousness and may increase the patient's agitation
- Use a relaxed facial expression and stay at eye level with the patient but don't stare or force eye contact
- Modulate tone of voice to reflect empathy or no emotional response

Give them your undivided attention

This approach will help the patient mirror your calm and cooperative demeanor

3. Establish verbal contact calmly with the patient

Introduce yourself to the patient (if you are new to the patient/room) and your purpose to provide orientation and reassurance, explain that you are there to keep him/her safe and make sure no harm comes to him/her or anyone else.

If there are more than one person involved in the de-escalation attempt, only one person should verbally interact with the patient. e.g. the patient's nurse. Having too many staff present may overwhelm the patient.

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4. Use concise, simple language and short sentences - speak slowly, softly, clearly, and respectfully.

As emotions increase, auditory processing abilities decrease so technical terms and jargon may be hard for an impaired or agitated person to understand.

Allow time (i.e. silences) for the patient to process, make decisions and respond to the information you are giving him/her. Rushing them may increase their stress.

Repeat yourself often until your message until it is hear.

5. Listen closely to what the patient is saying, use active listening

After listening, restate what the patient says so they know he or she has been heard and that you understand the issues and reason for the escalating behavior.

Don't challenge delusions, hallucinations, fears -try to see "their truth

Using the following can be helpful:

"Tell me if I have this correct (or right) (then summarize what the patient says)

"I'm confused, help me understand"

Redirect challenging questions to the issues at hand.

Ignore challenging questions that can lead to a power struggle – e.g. challenges your authority. Bring back the focus to how to work together to solve the problem.

6. Identify the individual's feelings and desires

"What are you hoping for?" and try to accommodate reasonable requests Do they want something to eat or drink? A quiet place to go? A chance to talk about things?

Empathize feelings, not behaviors. Ask them to help you understand what they need and what has helped them in the past. Remind them that you are on the same team and want to try and work together. Avoid getting caught up in an "us versus them" dynamic. Treat the patient as an important member of the healthcare team.

7. Agree or agree to disagree with the persons concerns while avoiding negative statements.

- Agree with clear specific truths; "yes she has stuck you twice and it hurts, do you mind if I try"
- Agree in general or with the principle: "Yes everyone should be treated respectfully"
- Agree with minority situations: "There are others who would feel like you."
- Agree to Disagree (be honest, patient's will 'shut down' when they sense a lie)

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8. Set clear limits with expected outcomes, but do not make demands or order specific behavior

Don't argue but do point out consequences of the behavior.

Don't threaten but do set boundaries. "I understand you're frustrated with not being able to go home today; however, it's important that you do not yell at staff." communicate these in a matter-of-fact way and not as a threat

To help them understand what you are doing and why, explain the purpose of rules or policies (e.g. hospital WPV policy etc.) versus just stating 'we have to do this because it's the policy' etc.

When you're sure the patient understands, you can talk about options to meet their needs that are accordance with your organization's policies.

Define what rules are negotiable or not and choose wisely about what you insist upon and what can you offer them related to options and flexibility.

Limit setting must be reasonable and done in a respectful manner. Coach the patient in how to stay in control.

9. Offer choices and optimism – Patients feel empowered if they have some choice in matters.

Be assertive and propose alternatives to violence. Offer *realistic* things that will be perceived as acts of kindness such as blankets, drinks.

Give choices of safe alternatives:

"would you like to continue our discussion in a calm manner or take a break to relax then resume?"

"you frighten me when you pace, can you please sit down, or I'll come back after you have walked and calmed down"

To build and retain patient trust, determine what feasible choices are available that the patient can have control over based on immediate needs when possible

10. Afterwards, review the event and look for areas of improvement

Participate in debriefings and after-action reviews. Reflect on your own actions after each critical incident

Communicate and document the incident per your organization's protocols, so that all staff who will be in contact with the patient are aware of his/her history of and potential risk

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and triggers for future agitation and violence. They should be aware of a patient's triggers, and the staff interventions (s) including calming methods, and limit setting strategies etc.

Additionally, review how to re-establish therapeutic rapport with the patient after an incident.

Patients may fear that after “losing control” they will not receive the care they need etc., Reassure the patient, family, or visitor of your desire to help, as long as they can respect the safety guidelines of the facility. Discuss the need for the staff and patient to address frustrations **before** they get out of hand.

Other references and resources about de-escalation can be found in **Section 5**

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Depression and Bipolar Support Alliance

Understanding Agitation Kit for Treatment Teams and Medical Staff

- Multiple Resources including De-escalation techniques including posters and other educational tools

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<https://www.dbsalliance.org/education/clinicians/understanding-agitation-kit-for-treatment-teams-and-medical-staff/>

- Understanding Agitation Webinar

<https://ons.confex.com/ons/2019/mediafile/ExtendedAbstract/Session2060/2060handout.pdf>

- Video demonstration of verbal de-escalation (9 minutes)

<https://www.youtube.com/watch?v=udRjZcRuak4>