Ten Elements of Verbal De-escalation

The goal of verbal de-escalation is to help the patient gain control of their emotions and their behaviors. This is done by building a therapeutic relationship and empowering a patient to manage their own distress, thus avoiding forcible interventions like discontinuing treatment or in extreme cases involuntary discharge.

Using the ten elements of verbal de-escalation improves patient and staff safety, increases patient satisfaction, reduces the use of force and the occurrence of violence. In addition, verbal de-escalation can model nonviolent problem-solving and self-control. The ten elements described below, although numbered, may be used in different orders or in different stages of the interaction and may even need to be repeated.

1. Respect Personal Space

Respect personal space by remaining at least two arm lengths away from the patient.

2. Do Not Be Confrontational

- Be mindful of your body language, avoid clenched fists or directly squaring up with a patient, or standing over them.
- Adjust your posture to make the patient more comfortable.
- Maintain a calm demeanor and facial expression.
- Do not argue with the patient or challenge them, don't yell or raise your voice.
- Speak to influence with the intention of de-escalating the situation.
- Avoid blaming and words that are often triggers or that can sound dismissive including, "I know", "I understand", "I hear you", "calm down" or "stop".

3. Establish Verbal Contact

- Use the patient's name to get their attention
- Address them formally, using Mr./Ms./Mrs. shows respect.
- Use a calm tone and body language.

4. Be Concise

When upset, it may be difficult to follow long or complicated explanations.
- Keep your explanations simple
- Repeat phrases as many times as necessary waiting for the patient to respond before moving on to the next instruction/ explanation.

5. Identify Wants and Feelings

- You need to know how the patient is feeling and what they want. They may be upset because they do not feel heard or understood, they may be scared or worried.
- Understanding the patient's goals is necessary to build a collaborative relationship.
- Use open-ended questions.

6. Listen and Give Validation

- Listen closely to what the patient is saying and give validation.
- Use active listening strategies and listen for content. What did they say first, second, last?
- Allow for discussion without interruption, use silence (3-6 seconds) to allow them to continue.
- Validate their explanation. Validate by stating the emotion, impact and intention.
- Do not just validate others until you think they have been validated; validate them until they actually feel heard.
- Make sure the patient knows that you have heard them and make verbal acknowledgments and use body language like a nod.

7. Agree, or Agree to Disagree

- Validating the patient's experience is the most important element of verbal de-escalation. Find some way to agree with the patient.
- If you can't agree, use the phrase, we have to agree to disagree.

8. Set Clear Limits

- Patient must be informed of acceptable and unacceptable behavior in a non-confrontational and respectful manner.
- Express yourself in a confident but not in an authoritarian manner.

9. Offer Choices and Optimism

- Offering choices is a means of empowerment, this includes offering space to regain control of themselves.
- Offering choices helps make control feel real for the patient.
- Recognize their choice and allow them to follow through with what they chose.

10. Debrief the Patient and Staff

After the patient is much calmer, ask if they can better describe why they became upset or offer suggestions for how you can help them regain control should they become agitated in the future.