

## **De-escalation Techniques**

**Adapted from the National Association of Social Workers**

When a potentially violent situation threatens to erupt on the spot and *no weapon is present*, verbal de-escalation is appropriate. There are two important things to remember:

1. Reasoning with an enraged person is not possible. The first and only objective in de-escalation is to reduce the level of arousal so that discussion becomes possible.
2. De-escalation techniques are abnormal. We are driven to fight, flight, or freeze when scared. However, in de-escalation, we can do none of these. We must appear centered and calm even when we are frightened. Therefore these techniques must be practiced before they are needed so that they can become "second nature."

### **A. SELF-CONTROL**

1. Appear calm, centered, and self-assured even if you don't feel it. Relax facial muscles and look confident. Your anxiety can make the client feel anxious and unsafe, and that can escalate aggression.
2. Use a modulated, low monotonous tone of voice (our normal tendency is to have a high pitched, tight voice when scared).
3. If you have time, remove necktie, scarf, hanging jewelry, religious or political symbols before you see the client (don't remove in front of the person).
4. Do not be defensive even if the comments or insults are directed at you; they are not about you. Do not defend yourself or anyone else from insults, curses or misconceptions about their roles.
5. Be aware of any resources available for back up. Know that you have the choice to leave, tell the client to leave or call the police should de-escalation not be effective
6. Be very respectful even when firmly setting limits or calling for help. The agitated individual is very sensitive to feeling shamed and disrespected. We want him/her to know that it is not necessary to show us that they must be respected. We automatically treat them with dignity and respect.

### **B: PHYSICAL PRESENCE**

1. Never turn your back on the individual for any reason.
2. Always be at the same eye level. Encourage the client to be seated, but if the person needs to stand, you should also stand up.
3. Allow extra physical space between you – about four times your usual distance. Anger and agitation fill the extra space between you and your client.
4. Do not stand full front to client (this is a confrontational stance). Stand at an angle, which is less confrontational and makes it easier to step away if needed.
5. Do not maintain constant eye contact. Allow the client to break the gaze and look away.
6. Do not point or shake your finger.

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7. DO NOT smile. This could look like mockery or anxiety.
8. Do not touch – even if some touching is generally culturally appropriate and usual in your setting. Cognitive dysfunction in agitated people allow for easy misinterpretation of physical contact as hostile or threatening.
9. Keep your hands out of your pockets, up and available to protect yourself. It also says nonverbally that you do not have a concealed weapon.
10. Do not argue or try to convince or give choices to the person.
11. Don't be defensive or judgmental.
12. Don't be parental or join the resistance: You have a right to feel angry.

### **C: THE DE-ESCALATION DISCUSSION**

1. Remember that there is no content except trying to calmly bring the level of arousal down to baseline.
2. Do not get loud or try to yell over a screaming person. Wait until he/she takes a breath; then talk. Speak calmly at an average volume.
3. Respond selectively; answer all informational questions no matter how rudely asked, (e.g. "Why do I have to fill out these g-d forms?" This is a real information-seeking question). DO NOT answer abusive questions (e.g. "Why are all social workers \_\_\_ ?) This question should get no response what so ever.
4. Explain limits and rules in an authoritative, firm, but always respectful tone. Give choices where possible in which both alternatives are safe ones (e.g. Would you like to continue our meeting calmly or would you prefer to stop now and come back tomorrow when things can be more relaxed?)
5. Empathize with feelings but not with the behavior (e.g. "I understand that you have every right to feel angry, but it is not okay for you to threaten me or my staff.)
6. Do not solicit how a person is feeling or interpret feelings in an analytic way.
7. Do not argue or try to convince.
8. Wherever possible, tap into the client's cognitive mode: DO NOT ask "Tell me how you feel. But: Help me to understand what your are saying to me" People are not attacking you while they are teaching you what they want you to know.
9. Suggest alternative behaviors where appropriate e.g. "Would you like to take a break and have a cup of coffee (tepid and in a paper cup) or some water?"
10. Give the consequences of inappropriate behavior without threats or anger.
11. Represent external controls as institutional rather than personal.
12. Trust your instincts. If you assess or feel that de-escalation is not working, STOP! You will know within 2 or 3 minutes if it's beginning to work. Tell the person to leave, escort the person to the door, call for help, or leave yourself and call the police.

There is nothing magic about talking someone down. You are transferring your sense of calm and genuine interest in what the client wants to tell you while being respectful and setting limits with hope that the client wants to respond positively.

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## Client Service Excellence

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<b>C</b> ompassionate	<b>S</b> ervice-oriented
<b>U</b> nderstanding	<b>E</b> mpowered
<b>S</b> atisfying	<b>R</b> espectful
<b>T</b> eam-focused	<b>V</b> alues-driven
<b>O</b> utstanding	<b>I</b> ntelligent
<b>M</b> ethodical	<b>C</b> ourteous
<b>E</b> mpathetic	<b>E</b> xcellent
<b>R</b> ewarding	

### Choosing Words Carefully

Instead of saying this...	Say this.
Let me transfer you.	Let me connect you.
I can....	I will....
I'm not sure what you want.	I would be happy to help.
It's not my job.	Let me see what I can do.
I need to...	May I?
I can do that.	I would be happy to take care of that for you.
You're welcome.	It's my pleasure.
I can't....	Here are two other options....
Okay, no problem.	I am happy to assist.
The policies say...	Let me see what I can do.
These are the facts.	Let me take a look to see what happened.
I have to...	I get to...

### Statements That Work

- My sincere apologies for any inconvenience this may have caused you.
- I apologize for the difficulties you have experienced.
- Finding a solution is just as important to me as it is to you.
- I understand how frustrating it is to feel like you're being passed around when all you want is help.
- (When the attack feels personal and no other tactics have worked) - Have I done something to personally upset you?
- I'd like to be a part of the solution.
- That must have been very frustrating for you.
- If I were in your shoes, I'm sure I would feel the same way.
- Thank you for taking the time to let us know how you feel.
- Thank you for bringing this issue to my attention.

*Avoid fillers that diminish your credibility like "umm," "uh," or "hmm."*

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## With Upset Clients, Turn Down the HEAT

- **H**ear clients out. Let them vent. People yell because they feel nobody is listening. They begin to calm down when given a voice, so listen actively. In person, make sure your body language conveys that you are paying attention. On the phone, give verbal assurance that you hear what is being said.
- **E**mpathize. Don't judge. Put yourself in other people's shoes and convey a courteous, compassionate tone of voice. When people are upset or angry, it is your job to help them through it.
- **A**sk questions. Get clarification. Avoid using confusing words or jargon, and be prepared to explain processes. Describe exactly what the issue is so that when possible, you can work toward correcting it.
- **T**ake responsibility. Apologize. People's perceptions of the medical field are often negative, and processes are often intimidating to them. While you may not personally be responsible for the issue, procedures, policies, and diagnoses may cause confusion and stress. To ease their minds, let clients know that you have helped others in similar situations and reassure them that you will get through the situation together.

When conflict arises, ask yourself the following questions to clarify the emotions behind the conflict and help resolve the situation using the CALM model.

The CALM Model of Conflict Resolution	
<b>C</b>	Clarify the issue.
<b>A</b>	Address the problem.
<b>L</b>	Listen to the other side.
<b>M</b>	Manage your way to resolution.

The CALM model, developed by CRM Learning, uses the following questions to guide people through managing their emotions. This is how you clarify the issue.

1. What am I upset about? In specific behavioral terms, what actually happened? Who else is involved? What did they do?
2. What emotions am I feeling? Why am I feeling that way?
3. Have I contributed to the problem?
4. Am I just overreacting? If so, why?
5. What are my desires for an outcome to this conflict? What will successful resolution look like?
6. If I were the other person in this situation, how would I want to be approached?
7. Could the other person have been motivated by good intentions?
8. Has this happened before, or is this a first time occurrence?
9. How is this situation affecting me and my work? Are others impacted? If so, how?
10. What can I do to facilitate getting the results I want? What counter-productive behaviors do I want to avoid?

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