

Verbal and non-verbal de-escalation of agitated patients

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Verbal and non-verbal de-escalation requires practice and skill. There needs to be a flexible approach so that different strategies can be applied if one strategy is not working.

The following offers some practical suggestions:

- **Continuous risk assessment**
 - Continually monitor nature/degree of risk including responses to staff efforts
 - SAFETY FIRST
- **Respecting patient personal space (if safe)**
 - Actively increase the patient's personal space to decrease perceived threats ie 2 arm length distance from patient
 - Unobstructed access to exit for patient and staff
- **Staff self-control techniques**
 - Exposure to aggression can have an impact on staff emotional regulation
 - Calm staff lead to calmer patient
 - Change staff involved if becoming upset, angry, overwhelmed or tired
- **Avoid provocation**
 - Understand and seek to avoid known triggers
 - Avoid patient feeling threatened or more vulnerable
 - Calm demeanour and facial expression
 - Unconcealed open hands
 - Avoid "hostile" postures eg arms crossed
 - Try to stand at angle to patient and judge distance-not too near and not too far
- **Manage environment**
 - Move other patients away, suggest that patient move to low stimulus environment
 - Offer a choice of preferred activity that the patient finds soothing
- **Establish verbal contact**
 - Designate one/limited staff to patient
 - Orient to setting and set expectations of what will be happening

- Reassure patient that you will help
- **Be concise**
 - Use simple, concise language and short sentences
 - May need to repeat/reinforce messages
 - Identify patient's needs, goals and expectations
 - Aggression may be an expression of need (identify if hungry, self-conscious, in pain)
 - Use body language and verbal acknowledgment to show understanding and take these seriously
 - "What helps at times like these?", "Can you tell me what you hope or expected would happen?"
- **Active listening**
 - Use body language and acknowledgement to let patient know they are heard, understood and valued
 - "So I have got this right.", "What I've heard is..."
- **Watchful waiting**
 - Minimise the cognitive load on the patient who may be struggling to sustain emotional regulation
 - Actively assess situation while that happens
 - Giving space and time out
- **Empathy**
 - Display verbally and non verbally
 - Appearing calm may be helpful
 - Acknowledging patient's distress via mirroring can be helpful by saying how the patient appears to be feeling or reflect in body language
- **Reassurance**
 - Reassure the patient that they are safe, respected and valued
 - "We just want you to be safe." "We want to protect, not hurt you."
- **Respect and avoid shame**
 - Seek solutions that allow the patient to retain their dignity
 - "You may feel better if..." "I can see how upsetting this is-let me try and help with that"
- **Agree or agree to disagree**
 - 'what you're going through is difficult'
 - "I want the same as you"
 - "That would upset me too"
 - "We might have different ideas about that (focus of disagreement)"
- **Distraction**
 - Music, activities, play specialist if safe
- **Appropriate humour**
 - Changing the emotional dynamic of the situation with appropriate but emphatic use of humour may do this
- **Clear limits and expectations**
 - Reasonable, respectful limit setting

- Try to minimise bargaining
- “It will help me if you sit down/speak more quietly so I can understand what you need”
- “We have to keep you safe and everyone else safe so if you can’t stop (risky behaviour), we will (clear, non punitive consequence) to keep everyone safe
- **Negotiation**
 - Identify mutual goals and shared consensus
 - “How about if we...and you...?”
 - “If you can...then we can..”
- **Offer options**
 - Realistic choices help empower patient and allows regaining of some control
- **Reframe events**
 - Cautious exploration of alternative interpretations may prove helpful
 - “You might feel I am trying to control you but I just want you to be calm enough so that we can/you can.”
- **Non confrontational limit setting**
 - “if you can...for 20 minutes, we can...otherwise..”
 - AVOID THREATS eg “if you do...we will..”
- **Debrief**
 - Invite patient to explain their perspective, if appropriate
 - Review options/alternative strategies if the situation arises again