

11 steps of verbal de-escalation

- Guiding principle: Trauma causes changes in brain structure and reactivity. Escalation is developed, not chosen.
 - Verbal De-escalation Course Videos:
<https://sso.service.vumc.org/idp/startSSO.ping?PartnerSpId=https%3A%2F%2Flearningexchange.vumc.org%2FAccount%2FSAML&TargetResource=https%3A%2F%2Flearningexchange.vumc.org%2F%23%2Fonline-courses%2F99a5474c-07ad-4e0e-9261-eee79c361310>
1. Personal Response
 - ☒ Self-calming to keep your fight-or-flight response at bay:
 - Focus on the breath for 3 breaths
 - Soften gaze- focus on an object behind the patient's head rather than focusing on the patient's eyes
 - ☒ Body Language:
 - Relaxed, open stance
 - body turned slightly
 - hands open
 - concerned look
 - ☒ Self-talk about this being an escalating situation:
 - You have the skills to manage this
 - The person is obviously feeling scared, out of control, powerless, or disrespected, and you have the ability to help
 2. Personal Space
 - Anxiety increases a person's personal space bubble
 - Move slowly and ask to enter space, even if you think it is assumed (e.g. a patient who you have been caring for)
 - Steer clear of legs and arms
 - Sometimes the opposite side of the room is close enough
 - Ask permission before touching personal belongings
 3. Establish Verbal Contact
 - ☒ Pleasant greeting to everyone
 - ☒ Use names- Find out what they like to be called
 4. Be Concise
 - Because the limbic system is firing, it may take extra time and effort for your patient to process information.
 - Use few words and repeat the same words; do not change your words.
 5. Identify Wants & Feelings

- ☒ Sometimes the story a patient tells us has little to do with the emotion they're feeling
- ☒ Really listen for the emotion, not the story
- ☒ Listen for fear, disrespect, or loss of control

6. Active Listening

- ☒ Allow silence
- ☒ Let the person vent
- ☒ Ask clarification questions
- ☒ Give validation surrounding the emotion

7. Set Limits

- State the inappropriate behavior that is occurring.
 - Be direct and firm but unemotional – tell the patient to stop the behavior if it is dangerous or inappropriate.
 - It is important that you appear very indifferent.
 - Maintain a quiet voice and calm demeanor.
- When-then statements:
 - When [positive behavior change happens], then [positive outcome] can happen.
 - Example: “When you put your clothes on, then we can get you a juice.”
 - State this as if you are on your patient's side, and you know they will be able to change. You are rooting for their positive outcome.
 - The ‘then’ has to be beneficial to the patient.
- If-then statements:
 - If [negative behavior does not change], then [negative outcome] will occur.
 - Example: “If you don’t stop screaming, then we can’t have a conversation about your pain.”
 - This is a statement of consequence.
 - It has to be stated as if you will be disappointed by the then as well.
 - There can be no tone of authority or control when making this statement.

8. Agree or Agree to Disagree

- ☒ Agree with the emotion
- ☒ Give information, answer questions if related to care
- ☒ Do not reinforce negative or potentially false statements
- ☒ Do not argue or defend
- ☒ Disregard lewd comments or cursing – continue setting limits to control situation
- ☒ TAKE ALL THREATS SERIOUSLY – if threatened, leave and report

9. Know When to Call for Help

- ☒ When de-escalation efforts are exhausted
- ☒ When a threat occurs

- ☐ Follow the Tiered Response Plan
<https://vanderbilt.policytech.com/docview/?docid=27005>

10. Debrief

- This step must be done to break the cycle – the patient’s truth must be considered and respected- consider a plan with the patient’s truth
- Wait for all involved to be calm
- Get the story from everyone, including the patient
- Everyone’s truth is valid, including the patient
- Give the patient a job to do, take control of their situation, let you know well before they are out of control that they are escalating
- Help patient identify triggers (Tool: My Health Passport)
- Help connect the patient back to emotions and responses
 - Ask what they were feeling, what they heard or saw that created the response
 - Ask if the emotion commonly causes that response
 - Ask what could be done next time
 - Tool: Behavioral Health ([flipbook](#) / [pdf](#)) from here:
<https://www.vumc.org/vanderbilt-nursing/unit-orientation-manuals>
- Chart – this must be charted and passed on. (Tool: Placement of Staff Safety Risk Advisory Alert (SSRAA): Chronic Offender/Known Safety Risk
<https://vanderbilt.policytech.com/docview/?docid=18700>)

11. Reflection

- ☐ Report all threats, violence or perceived violence through Veritas
<https://veritas.app.vumc.org/>
- ☐ De-brief with charge nurse, CSL or other leader (Tool: TeamSTEPS Debrief Checklist: <https://vumc.box.com/s/a98lio3935ahq2x43t7mn4n7tzgfuodm>)
- ☐ Take a mindful break, breath, stretch, leave unit if able to get coverage for patients (Tools: Work/Life Connections-EAP <https://www.vumc.org/health-wellness/worklife-connections>)