

# Verbal De- Escalation 101

Effective Techniques for Responding to Agitated Individuals

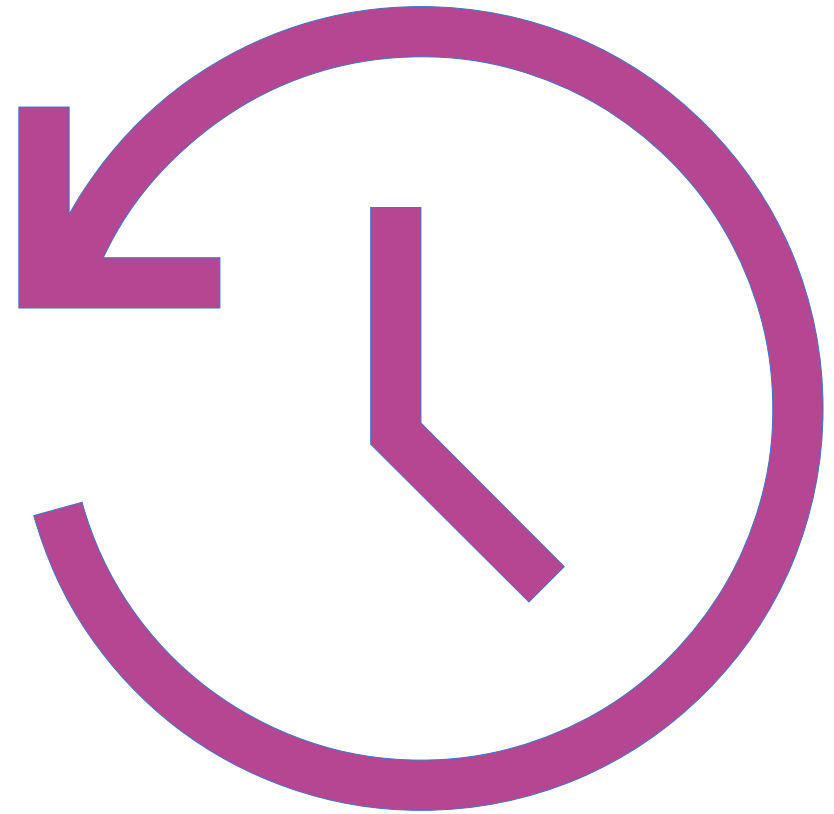


Crystal Jaquette, LMFT  
Date 1/31/23



# What we will cover today...

- Verbal De-escalation
  - General Guidelines
  - 3-Step Process
  - 10 Domains of De-escalation
  - Practice Scenarios



# De-Escalation Evolution

- In October 2010, the American Association for Emergency Psychiatry (AAEP) embarked on a new project to address the need for developing more humane methods for dealing with agitated patients. The typical method up to this point had relied heavily on coercive interventions, such as restraints and involuntary medication.
- The AAEP designated workgroups published their work in the Western Journal of Emergency Medicine, calling their Project findings:

**B**est Practices in **E**valuation and **T**reatment of **A**gitation

# Project BETA



# Project BETA

Included 5 different workgroups, and each group published their own findings for the project.

- Medical Evaluation and Triage of the Agitated Patient
- Psychiatric Evaluation of the Agitated Patient
- Psychopharmacological Approaches to Agitation
- Use and Avoidance of Seclusion and Restraint
- **Verbal De-escalation of the Agitated Patient**

# What is Agitation

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Agitation is a behavioral syndrome that may be connected to underlying emotions or health issues.

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Irritability and heightened responsiveness to stimuli may be present.

# What is Agitation

Often thought to be associated with emotions like anger, annoyance or frustration.

Example: Disgruntled customer

Agitation may also be associated with many other emotional states like fear, confusion, grief, etc.

Example: Someone experiencing a psychological crisis; Dementia patients becoming disoriented and confused

# Something

Agitation is most often a *reactive response* to a provocation or stressor and rarely a premeditated or purposeful behavior



Image: <https://foxintegratedhealthcare.com/neuropathy/4-ways-stress-anxiety-are-causing-your-neuropathy/>



# Guidelines for Environment and Staff Preparedness



# Guidelines for Your Working Environment

Your working environment should already be prepared to accommodate the safe management of agitated persons.

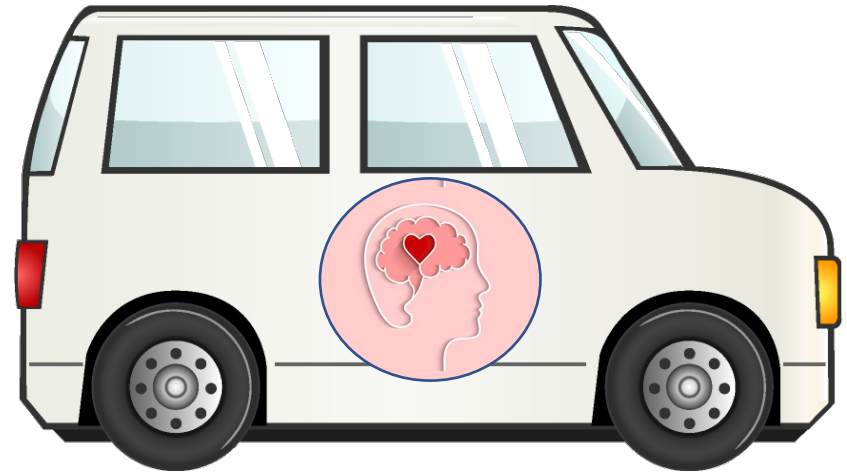
- Example: moveable furniture allows for flexible and equal access to exit a room.
- Scan environment for any real or potential weapons before initiating the intervention.



*“That’s Roger’s therapy dog.”*

# Guidelines for Your Working Environment

Mobile Teams: Your employer should have thoroughly and thoughtfully developed policies and procedures for ensuring team safety when deployed into the field.



# Guidelines for Staff Preparedness

Those tasked with verbal de-escalation interventions need to be appropriate for the job!

- Good multitasking skills
- Positive attitude





1) Feelings are never wrong – try to avoid judgment about how someone *Should* be feeling.

2) Coping strategies - are *learned behaviors*, and most likely have been successful in previous environments, even if considered inappropriate in most general settings.

3) **Rehabilitation vs Habilitation** - Sometimes the most appropriate and effective skills will be completely foreign to our clients, thus taking longer to master = Potential for recurrent episodes of escalated agitation.

4) Watch out for **Compassion Fatigue!**

# Guidelines for Staff Preparedness

Those tasked with verbal de-escalation interventions need to be appropriate for the job!

- Good multitasking skills
- Positive attitude
- Adequate training
- Must have enough trained staff available
- **Must be able to recognize and control their own countertransference and reactions!**



# Verbal De-escalation: 3-Step Process

- 1) Verbally Engage
- 2) Establish a Collaborative Relationship
- 3) Verbally de-escalate from agitated state



# 10 Domains of Verbal De-escalation

1. Respect Personal Space
2. Do Not Provoke
3. Establish Verbal Contact
4. Be Concise
5. Listen (Really listen!)
6. Identify Wants & Feelings
7. Agree or Agree to Disagree
8. Set Clear Limits
9. Offer Choices & Optimism
10. Debrief



# 10 Domains of Verbal De-escalation

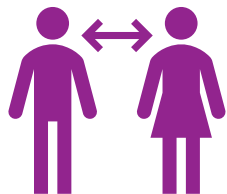
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## Verbal De-escalation 3-steps:

- 1) Verbally Engage
- 2) Establish a Collaborative Relationship
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## 10 Domains of Verbal De-Escalation

# 1. Respect Personal Space

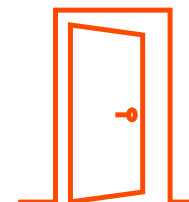


Respect your space and the agitated person's space.

Try to remain at least 2 arms lengths away (about 4-6 feet).



Invasion of space can be a perceived as a threat.



Having space allows for easier escape, should either you or the agitated person feel the need to move.

## 2. Do Not Provoke

Body language is KEY for establishing a helpful rapport

- ✓ Have an open body posture
- ✓ Try and keep your body as relaxed as possible



## 10 Domains of Verbal De-Escalation

# 2. Do Not Provoke

Body language is KEY for establishing a helpful rapport

- Ø Cross your arms
- Ø Close Fists
- Ø Furrow brows
- Ø Conceal your hands



## 10 Domains of Verbal De-escalation

# 3. Establish verbal contact



### Introduce

Introduce yourself

- Tell the person your name and title



### Reassure

Reassure that you are there to help



### Ask

Ask the person their name



## 4. Be Concise

- Use simple language
- Send a clear message
- Talk...

**Low and Slow**

## 10 Domains of Verbal De-escalation

# 5. Listen (Really Listen!)

- Listen closely to what the person is telling you
- Use Active Listening Skills
  - Convey through body language, summary phrases, and empathic statements that you are truly listening.
- **This is not a time for judgement!**
  - If you are looking for fallacies in the person's statements, your success in your ability to de-escalate will diminish.















10 Domains of Verbal De-Escalation

# 5. Listen (Really Listen!)

**EMPATHY & VALIDATION**

## 10 Domains of Verbal De-escalation

### 5. Listen (really listen!)

- Empathy is not just “putting yourself into someone else’s shoes”; it’s trying on their entire life.
- It is much easier to have unconditional positive regard and empathy for someone if we can believe that presented with the same set of life circumstances we would have made these same choices too.





10 Domains of  
Verbal De-escalation

## 6. Identify Wants & Feelings

What is it that the person wants?

The person may have realistic desires, such as an administrative intervention or just to vent.

The person may also have unrealistic desires, such as immediate dismissal from a court-ordered program.

At this point it doesn't matter if you can help them achieve their exact wishes. Being able to reflect their desires shows the person that you are truly listening.

# 6. Identify Wants & Feelings

How is the person feeling?

- Identifying one's own emotions takes practice and skill. Many adults were never taught how to properly label their emotions, so you may need to step in and reflect for the person how you believe they may be feeling.
- The more precise you can be in identifying the person's feelings, the quicker the person will feel heard and understood.



## 6. Identify Wants & Feelings

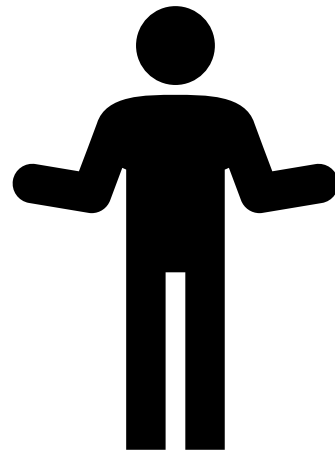
Pro Tip: Emotions do not start with the word “like”

“I feel like I’m going to  
explode because no one  
is listening to me!”

## 6. Identify Wants & Feelings

“You are angry and deserve to have your concerns addressed.”

“I am here to listen, and I would like to help you.”



## 10 Domains of Verbal De-Escalation

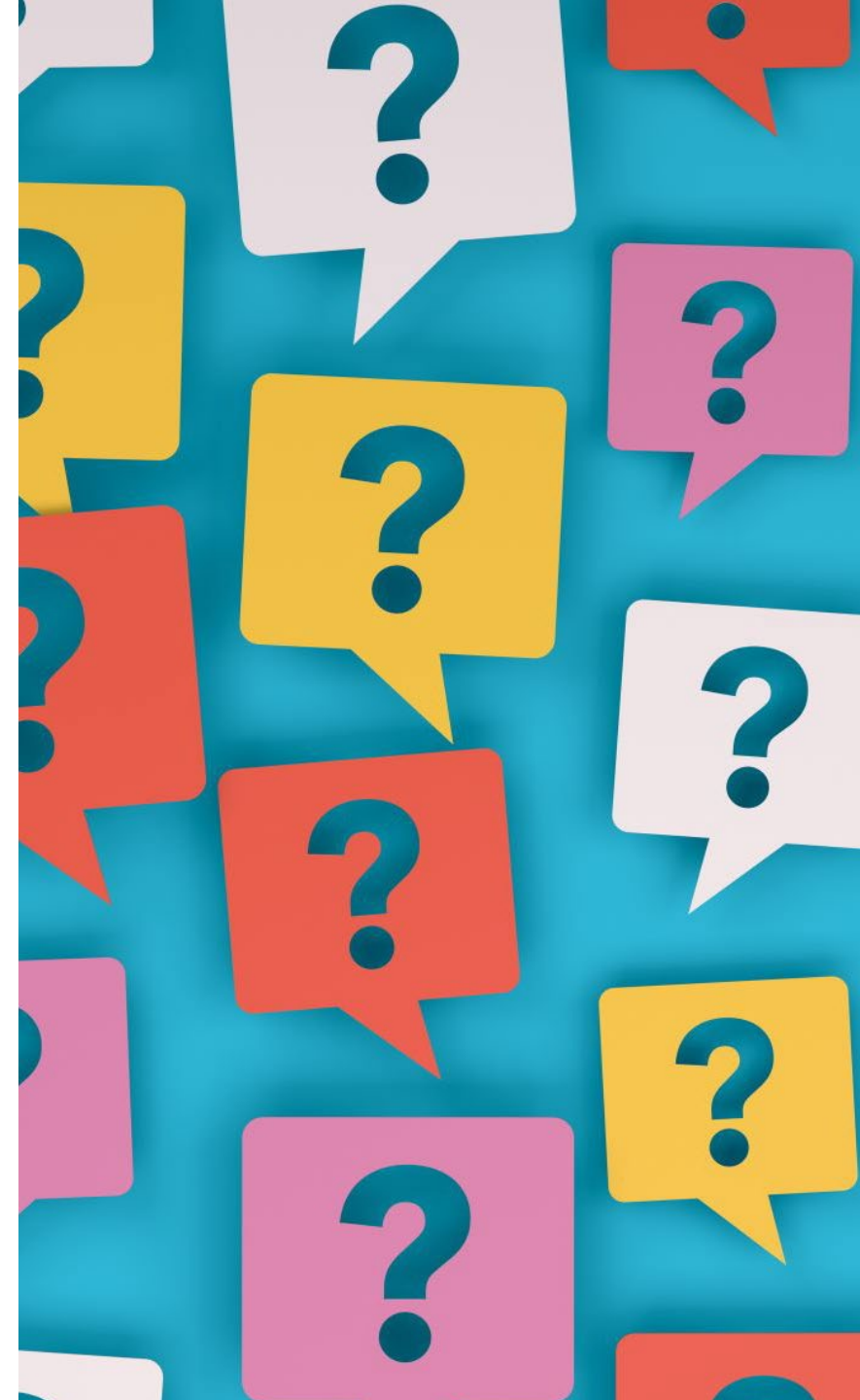
# 6. Identify Wants & Feelings

Gather as much information as you can

- Use open-ended questions / avoid closed-ended questions

**Reflect – Validate – Repeat**

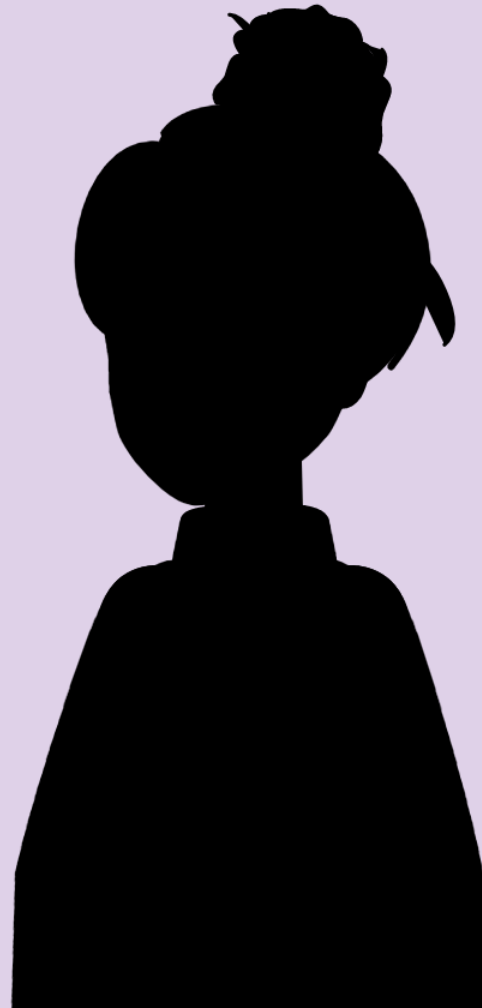
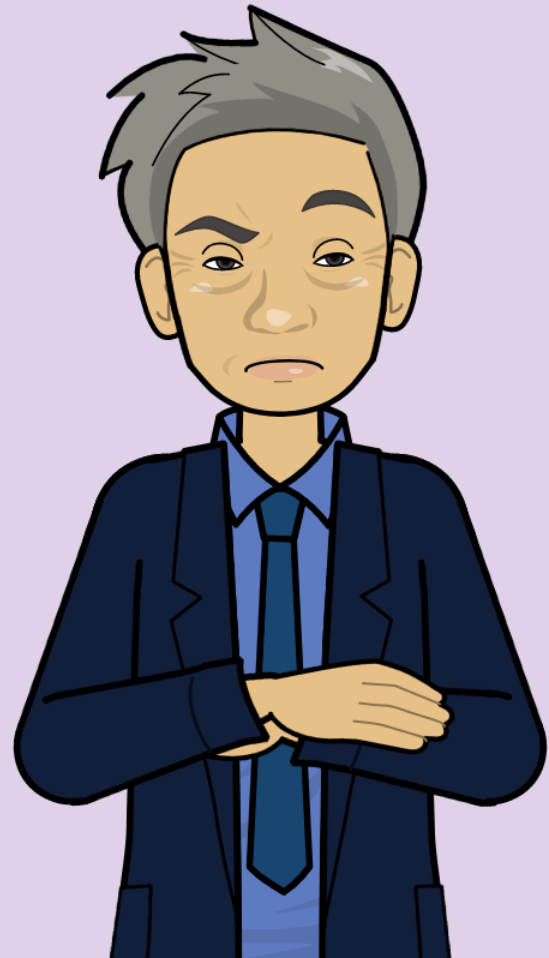
- Show the person you have been listening.
- Use summary statements and feeling words.
- Repeat this process AND include your message on reconciliation (more about this later).





# Practice Scenario...













You're probably that idiot I  
talked to on the phone the  
other day. Well, I'm sorry but  
the counselor is  
for your counselor is  
already booked for  
today, and...



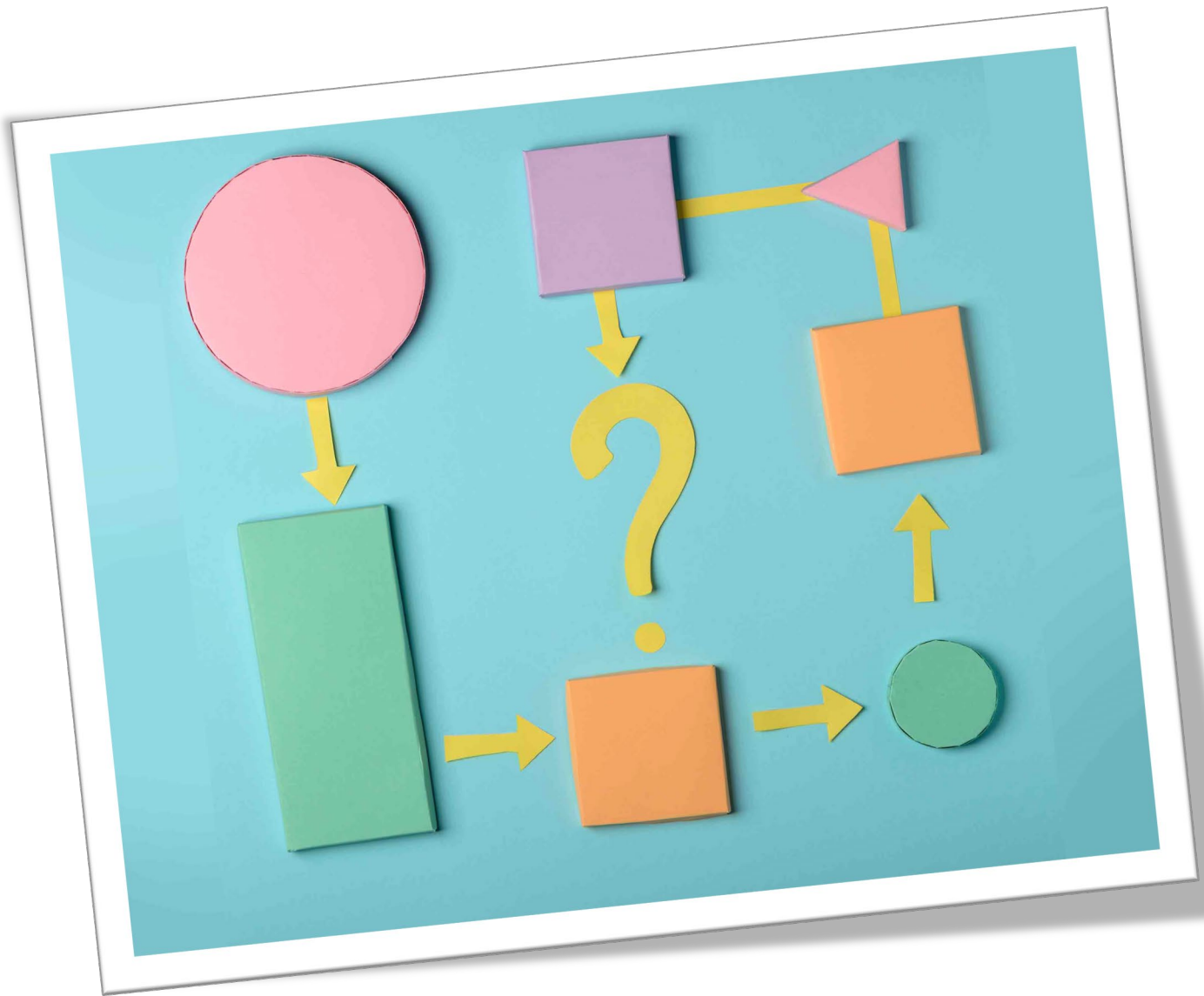
**I demand to see  
your supervisor!**



Who the F#\$%  
asked you?!

Why, man you  
don't need to  
talk out at her





## Practice Scenario

# The Agitated Client

Using what we know so far, what should you do to begin the verbal de-escalation intervention?







Hello. My name is  
Crystal, I am a  
therapist here and I  
am hoping I can help.  
What's your name?



## Practice Scenario

# The Agitated Client

After listening to the client explain his current frustrations, what is a validating, reflective statement that you can provide to him?

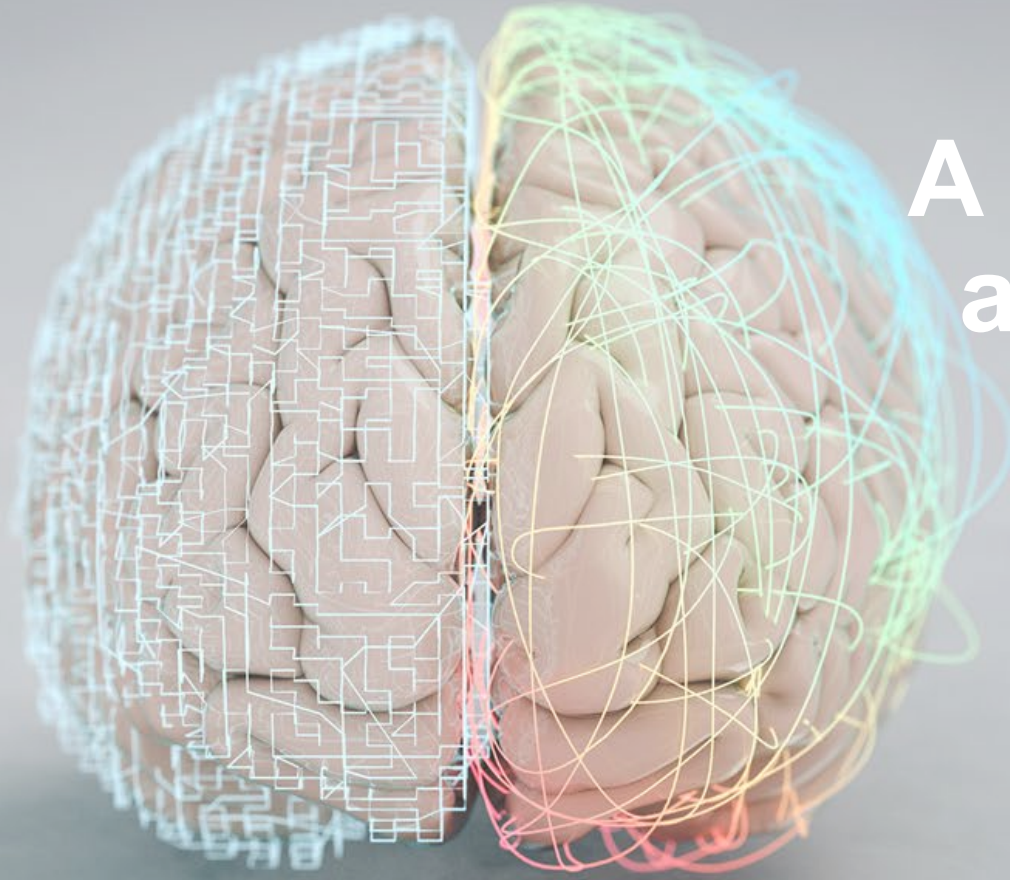


You are angry that you were told that you didn't have an appointment because you're positive that the appointment was scheduled for today. You took time off work to be here and that's a big deal because you don't have sick-leave, and now you are worried about how all this will affect your next paycheck.



You are angry that you were told that you didn't have an appointment because you're positive that the appointment was scheduled for today. You took time off work to be here and that's a big deal because you don't have sick-leave, and now you are worried about how all this will affect your next paycheck.

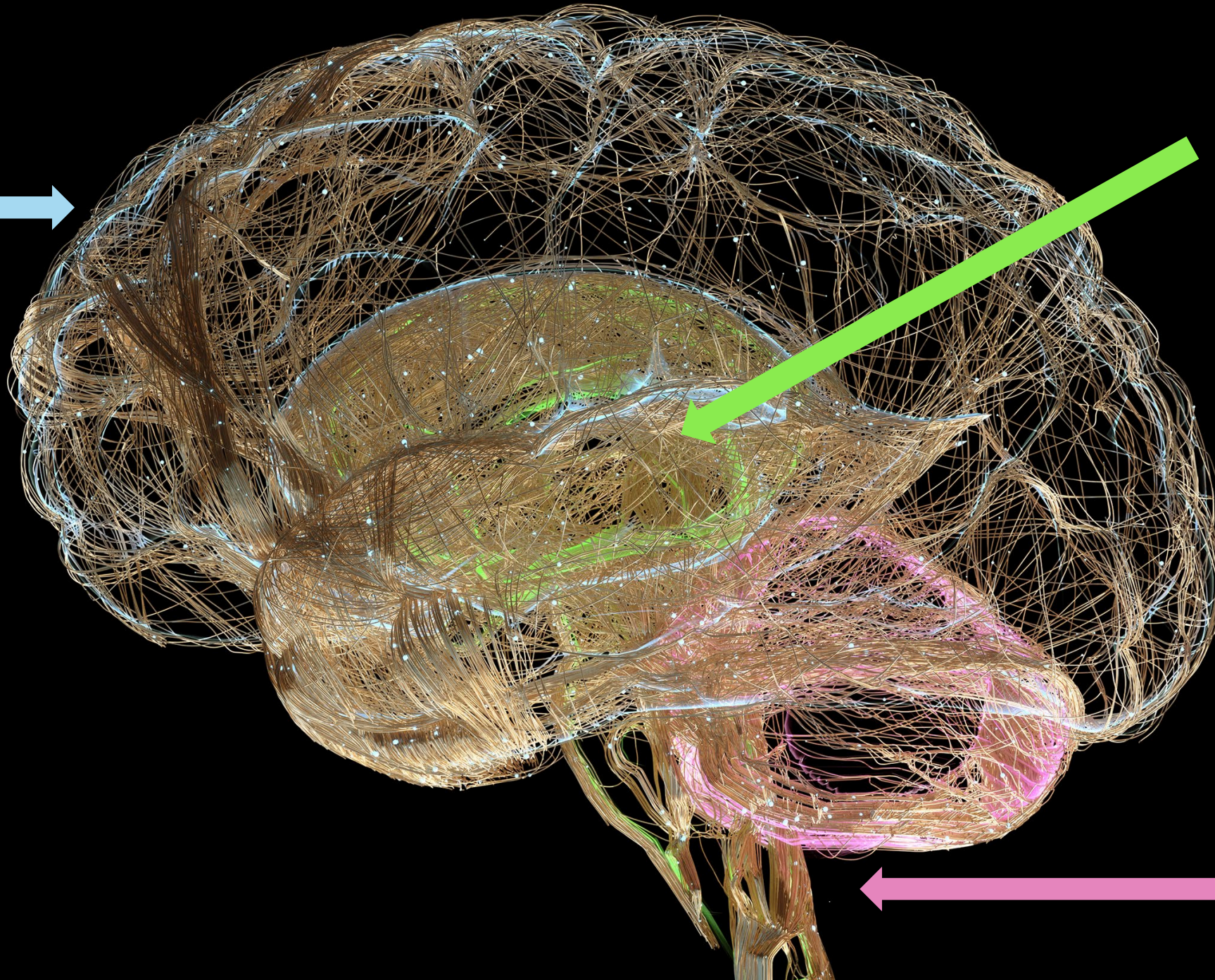




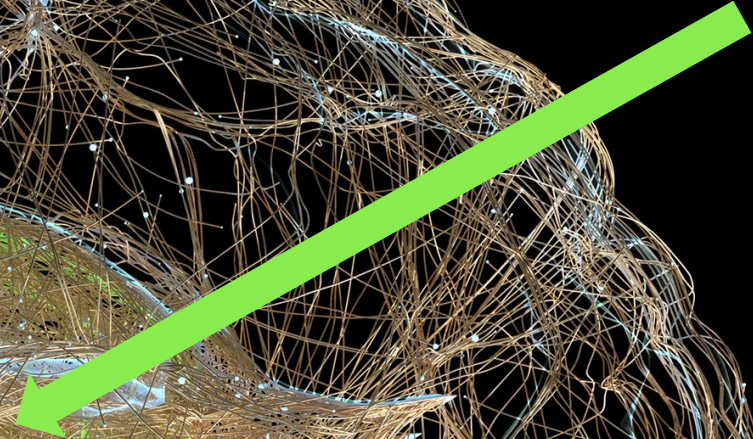
A little bit  
about our  
brains...



**Prefrontal Cortex:**  
Complex planning and anticipation;  
Sense of time and context;  
Inhibition of inappropriate actions;  
Empathic understanding



**Limbic Region:**  
“Mammalian Brain”  
or “Emotional Brain”  
Basic drives &  
Emotion  
What is “good or  
bad”/ “safety or  
danger”  
Helps us bond and  
form relationships



**Brainstem:**  
“Reptilian Brain”  
Fight-Flight-Freeze  
Controls states of  
arousal:  
hungry/satiated,  
sexual  
desire/satisfaction,  
asleep/awake





# Flipping Your Lid

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## ABOUT DAN

# UCLA Clinical Professor of Psychiatry

Dr. Siegel is a Clinical Professor of Psychiatry at the UCLA School of Medicine and the founding co-director of the Mindful Awareness Research Center at UCLA. An award-winning educator, he is a Distinguished Fellow of the American Psychiatric Association and recipient of several honorary fellowships. Dr. Siegel is also the Executive Director of the Mindsight Institute, an educational organization, which offers online learning and in-person seminars that focus on how the development of mindsight in individuals, families and communities can be enhanced by examining the interface of human relationships and basic biological processes. His psychotherapy practice includes children, adolescents, adults, couples, and families. He serves as the Medical Director of the LifeSpan Learning Institute and on the Advisory Board of the Blue School in New York City, which has built its curriculum around Dr. Siegel's Mindsight approach.

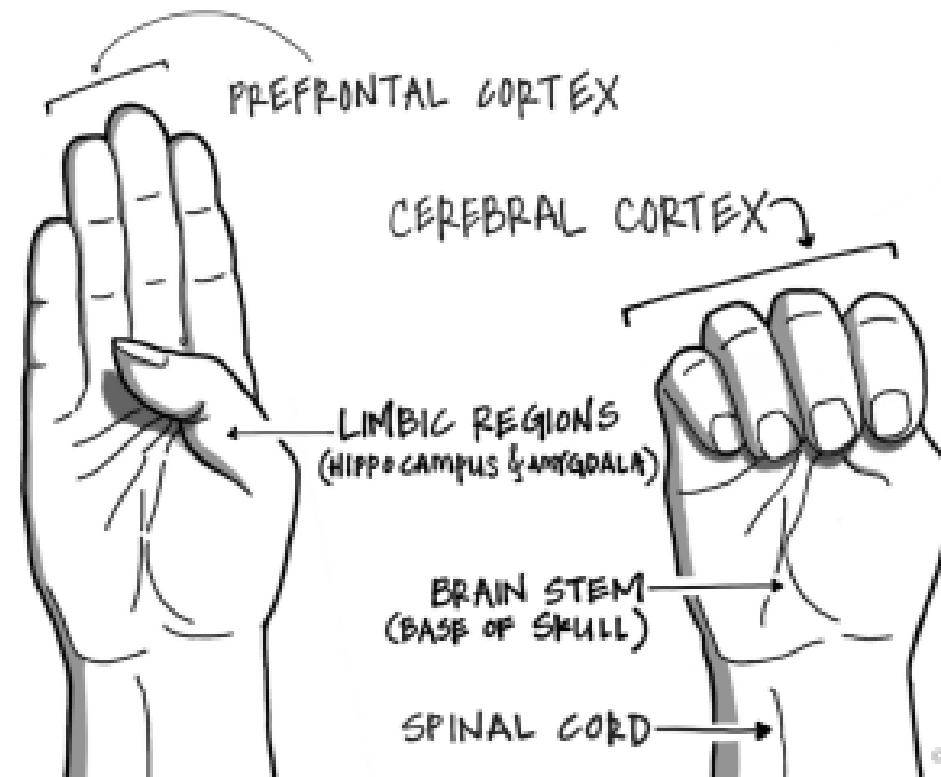
[LEARN MORE](#)

# Hand model of the brain



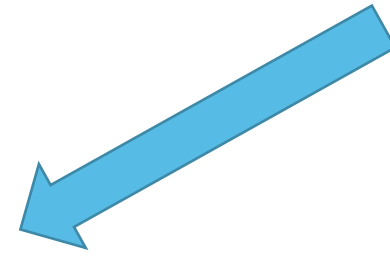
# Flipping Your Lid

## Hand Model of the Brain

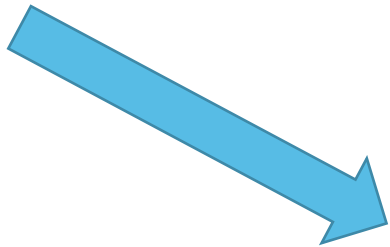




5 year old



7 year old











DEVASTATED



Heartbroken  
Bewilderment sadness



# CONTEMPT



# RAGE







## 10 Domains of Verbal De-Escalation

# 7. Agree or Agree to Disagree

- Given the agitated person's brain is most likely not functioning at its fullest capacity (e.g., Lid is flipped, the emotional brain is likely in control and the rational/thinking brain is likely offline), it would not be surprising if the agitated person is arguing irrational points.
- If you tell the person they are "in the wrong" or "have incorrect information" their emotional brain will most likely perceive this as a threatening, leading to further escalation of the person's agitated state.

**How do you validate someone who may not be making sense?**



# 7. Agree or Agree to Disagree

**Fogging:** An empathic technique where you find something in what a person is saying that you CAN agree with. It can be very effective in developing therapeutic rapport.



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3 was to  
Agree  
with  
someone:

Agreeing with the truth

---

Agreeing with principle

---

Agreeing with the odds

---

## 7. Agree or Agree to Disagree



Agreeing with  
the truth:

Example: "I agree that it is (frustrating, irritating, annoying, etc.) to have to wait when you both agreed on a set time to meet."



## 7. Agree or Agree to Disagree



Agreeing with  
the principle:

Example: “I agree  
that everyone  
deserves respect,  
including you.”

## 7. Agree or Agree to Disagree



Agreeing with  
the odds:

Example: “I agree,  
chances are you are  
not the only person  
who (feels/thinks)  
the same way.”

Practice Scenario:

## Agreeing or Agreeing to Disagree

Of the 3 different ways to agree with our agitated client, which one do you think would work best?

## 10 Domains of Verbal De-Escalation

# 8. Set Clear Limits

Establish basic working conditions

- ✓ It is important that the agitated person understands what is and is not acceptable behavior.

**\*Remember\***

**Low & slow**

**Simple words**

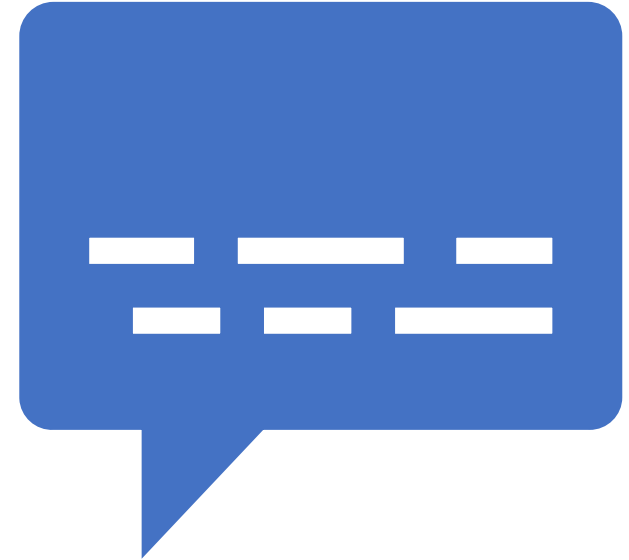
**Concise/short message**



## 10 Domains of Verbal De-Escalation

# 8. Set Clear Limits

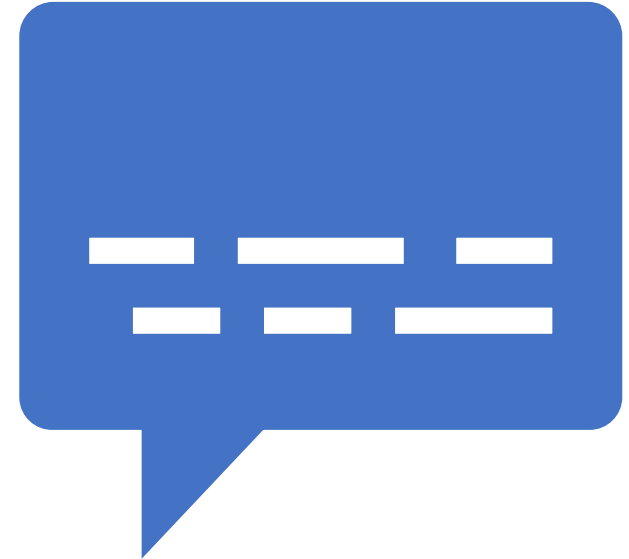
Example 1: “[client], I appreciate that you are talking to me because I really want to help. I have to let you know that you may not continue to point and shout at our receptionist.”



## 10 Domains of Verbal De-Escalation

# 8. Set Clear Limits

Example 2: “[client], I cannot allow you to shout at our receptionist again. Let’s go outside where we can continue our conversation and find a solution.”



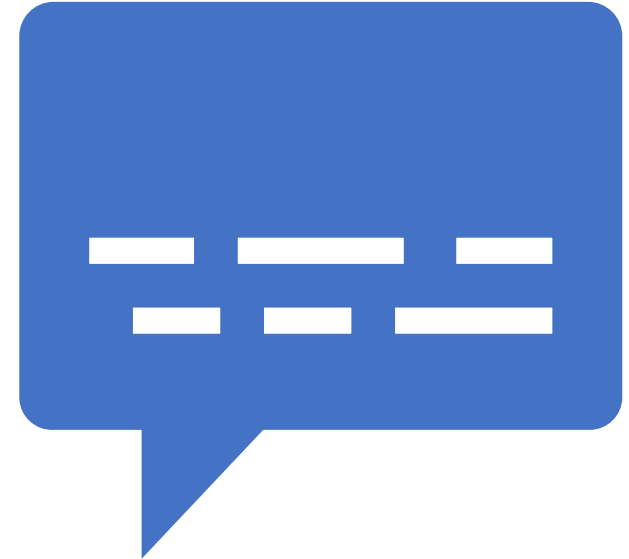


## 10 Domains of Verbal De-Escalation

# 8. Set Clear Limits

If the situation warrants, you must inform the agitated person that harm to self or others is unacceptable, and if necessary they may be arrested for assaulting another person.

Example 3: “[client], I cannot allow you to threaten or receptionist with violence. Everyone here deserves respect, including you. If you threaten anyone else again you could be arrested, and I know I really don’t want to see that happen.”



# 9. Offer Choices & Optimism



When people are operating from their emotional or lizard brain, they may not be able to conceptualize the array of choices they have in any given situation.



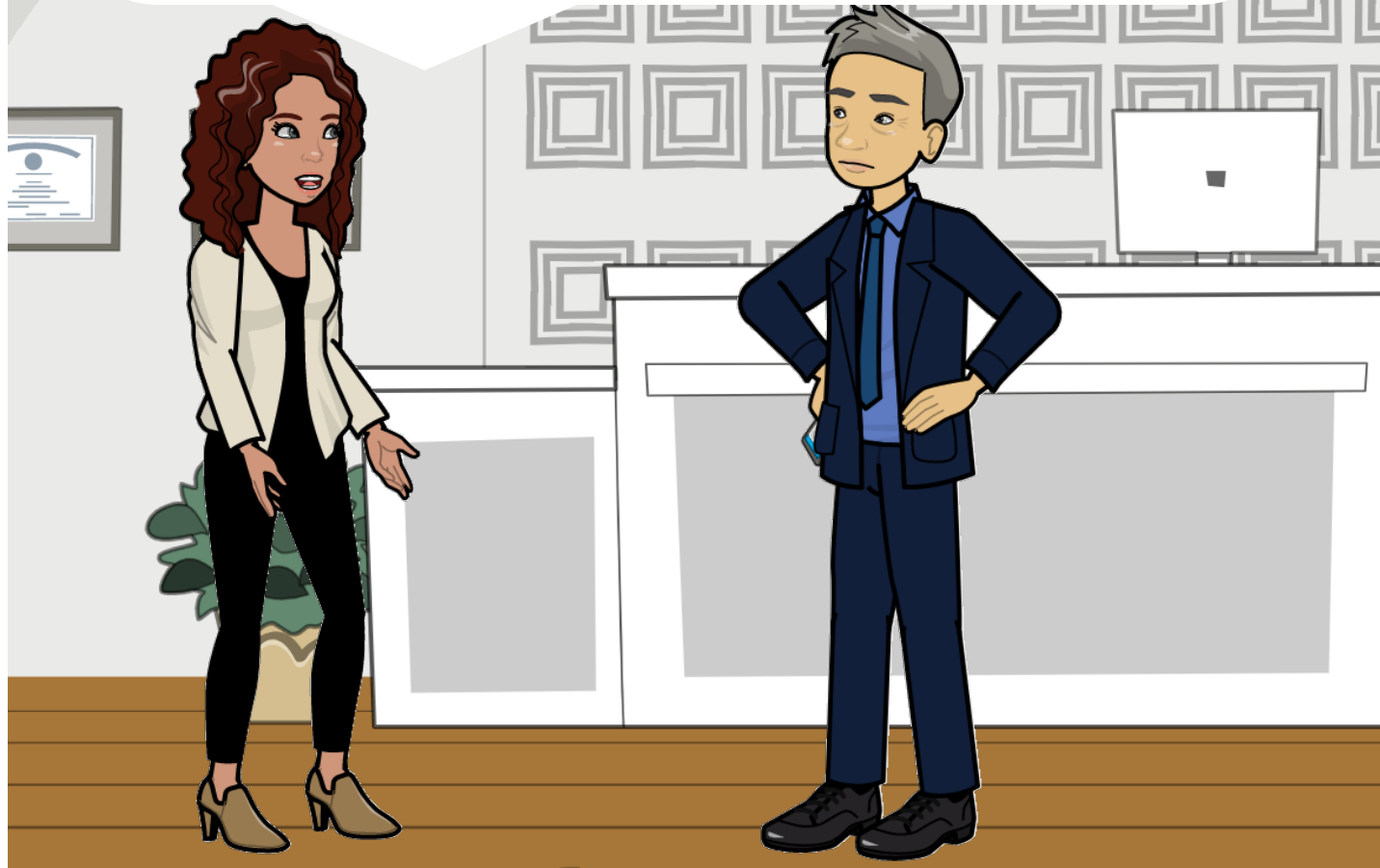
Choices can be **empowering!**

## 10 Domains of Verbal De-Escalation

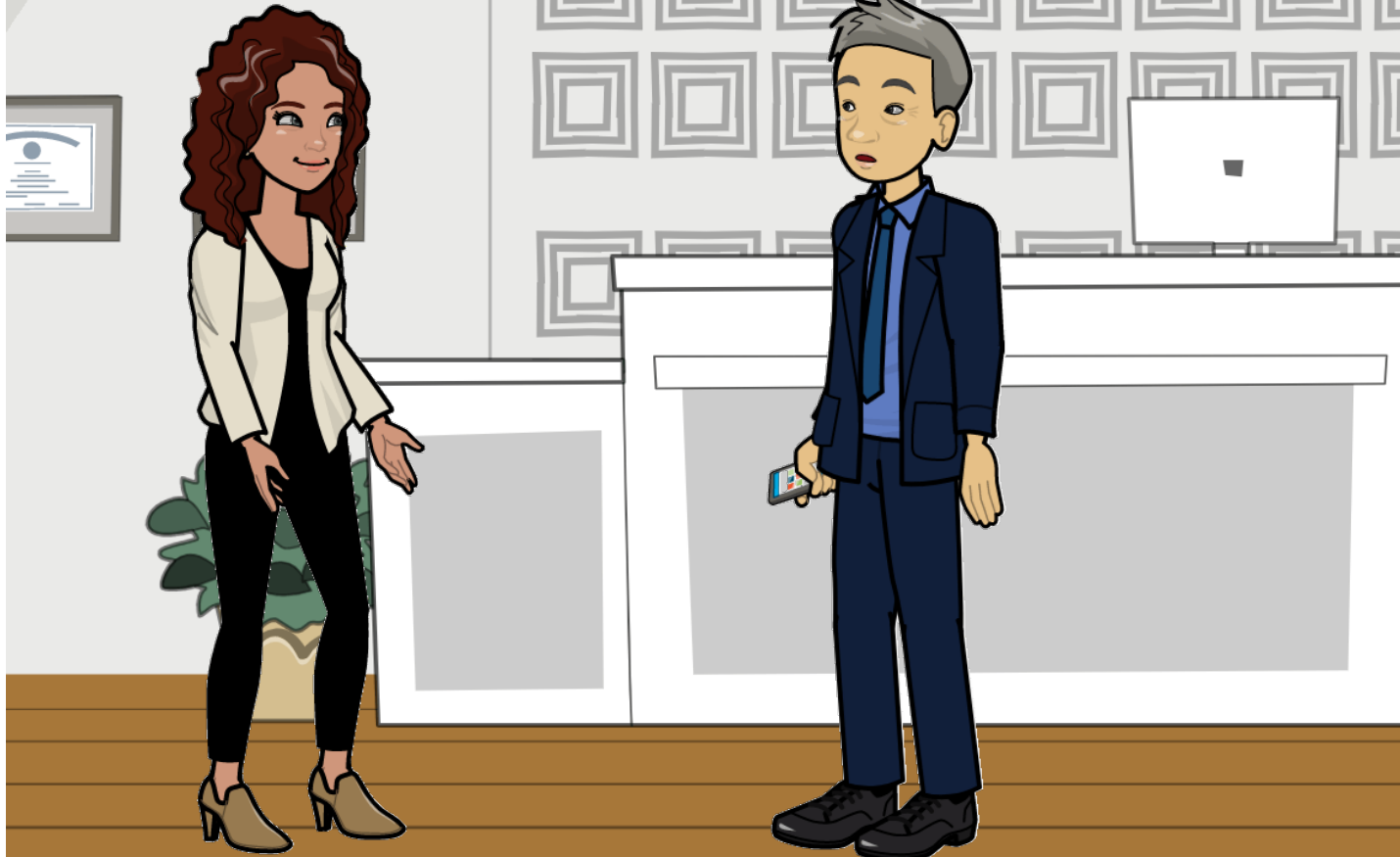
# 9. Offer Choices & Optimism

What choices can we offer our agitated client?

I understand that coming to your counseling sessions has become a financial burden for you. I also remember you said you did not really feel comfortable with the counselor you have been assigned to, and that is a reason why you stopped coming last month. It's really important to find a counselor you are truly comfortable with, and sometimes a switch is needed. I wonder if I can help you find a different counselor that works on the weekends or evenings. Would you be interested in that?



You can do that?



Yes, I can  
absolutely help you  
with that.







## 10 Domains of Verbal De-escalation

### 10. Debrief

- Debrief when the de-escalation intervention has been completed.
  - When you can see that the person is no longer in a state of agitation.
  - When the agitated person is no longer a threat to the current environment

## 10 Domains of Verbal De-Escalation

# 10. Debrief

Debrief with the *previously* agitated person, if possible.

- This can be a helpful learning experience if the person is in a state of mind able to have a thoughtful conversation about what happened.
- The debrief could potentially occur during a counseling session, including the person who provided de-escalation, the client who had received the verbal de-escalation intervention and the counselor.



## 10 Domains of Verbal De-Escalation

# 10. Debrief

- Debrief with co-workers
  - Discuss what went well
  - Determine what could be improved for next time





## 10 Domains of Verbal De-Escalation

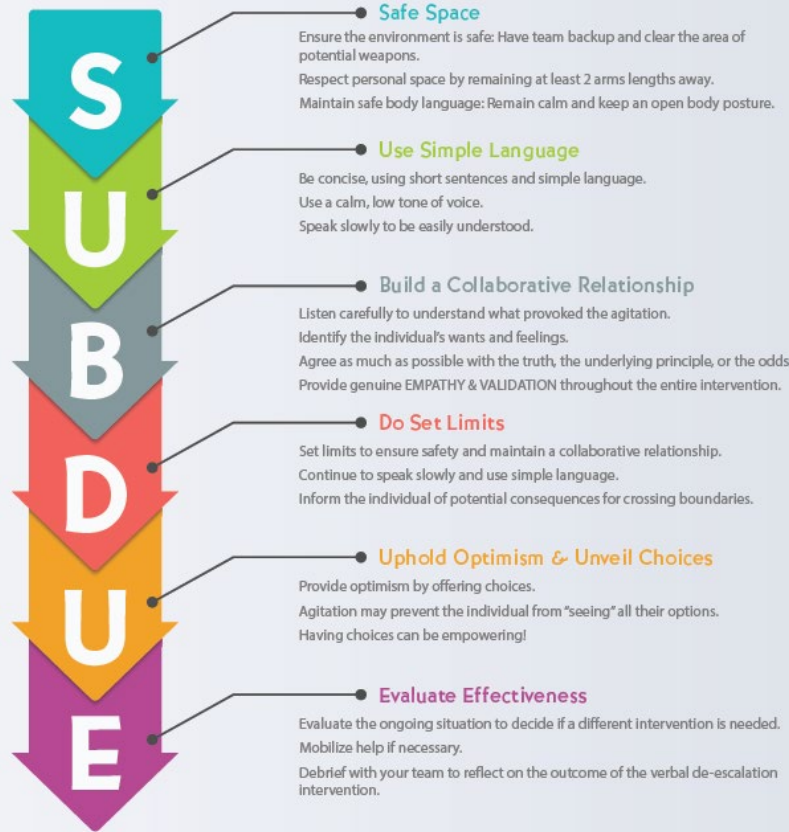
# 10. Debrief

- Debrief with co-workers
  - Discuss what went well
  - Determine what could be improved for next time

The more  
**reflective**  
you are,

the more  
**effective**  
you are

# VERBAL DE-ESCALATION



Citation: Richmond, J. S., Berlin, J. S., Fishkind, A. B., Holloman, J., Zellec, S. L., Wilson, M. P., Rifai, M. A., & Ng, A. T. (2012). Verbal De-escalation of the Agitated Patient: Consensus Statement of the American Association for Emergency Psychiatry Project BETA De-escalation Workgroup. *The Western Journal of Emergency Medicine*, 13(1), 17-25. <https://doi.org/10.5811/westjem.2011.9.6864>

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# References

## In order of appearance

### Literature Citations:

Richmond, J. S., Berlin, J. S., Fishkind, A. B., Holloman, J., Zeller, S. L., Wilson, M. P., Rifai, M. A., & Ng, A. T. (2012). Verbal De-escalation of the Agitated Patient: Consensus Statement of the American Association for Emergency Psychiatry Project BETA De-escalation Workgroup. *The Western Journal of Emergency Medicine*, 13(1), 17–25.

<https://doi.org/10.5811/westjem.2011.9.6864>

### Image & Video Citations:

- Slide 9 (woman with blurry background): <https://foxintegratedhealthcare.com/neuropathy/4-ways-stress-anxiety-are-causing-your-neuropathy/>
- Slide 10 (environment): PowerPoint Stock Image
- Slide 11 (David Sipress Cartoon): <https://condenaststore.com/featured/thats-rogers-therapy-dog-david-sipress.html>
- Slide 12 (Mobile Team Vehicle): <https://illustoon.com/?id=495>
- Slide 12 (Mobile Team Heart Logo):  
<https://www.istockphoto.com/search/2/image?mediatype=illustration&phrase=positive+mental+health>
- Slide 13 & 15 (Ray Andrew Illustration): <https://donaghue.org/practically-speaking/winter-2020/have-your-read-soapbox/>



# References

In order of appearance

## Image & Video Citations Continued:

- Slide 16 (Peanuts Comic): <http://theartoftherapy1.blogspot.com/2014/02/what-is-counter-transference-in.html>
- Slide 18 (Ingredients): PowerPoint Stock Image
- Slide 20 (GIF Lilo & Stitch): <https://www.pinterest.com/pin/531213718523425868/>
- Slide 22 (GIF David Schitt's Creek): <https://giphy.com/explore/rude>
- Slide 23 (Two people talking): <https://slack.com/blog/collaboration/what-is-horizontal-communication>
- Slide 25 (Listening ear): PowerPoint Stock Image
- Slide 32 (Sharing binoculars): <https://www.nytimes.com/2018/12/10/well/live/how-to-foster-empathy-in-children.html>
- Slide 34 (Balloon Emotions): <https://www.scotthyoung.com/blog/the-best-articles-on-feeling-better/>
- Slide 37 (Question Marks): PowerPoint Stock Image
- Slide 47 (Question Mark Map): 190603\_Blog\_Feature\_Process\_Mapping
- Slide 51 (Wondering wood figure): PowerPoint Stock Image

# References

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## Image & Video Citations Continued:

- Slide 54 (Brain 1): PowerPoint Stock Image
- Slide 55 (Brain 2): PowerPoint Stock Image
- Slide 56 (Jerry GIF): <https://businessesusa.wordpress.com/2016/11/12/angry-hate-tom-and-jerry-fuming-hot-head-flip-lid-gif-for-fun/>
- Slide 57 (Dr. Dan Siegel Bio): <https://drdansiegel.com>
- Slide 58 (Hand Model of the Brain Youtube Video): <https://www.youtube.com/channel/UC-sMFszAaa7C9poytIAmBvA/videos>
- Slide 59 (Hand Model of the Brain image): <https://drlizangoff.com/2020/06/04/the-moment-of-a-meltdown/>
- Slide 69 (Brain in lightbulb): PowerPoint Stock Image
- Slide 71 (Trees in the fog):  
<https://www.arlingtonschools.org/site/handlers/filedownload.ashx?moduleinstanceid=30034&dataid=36489&FileName=notes%20unit%206%20weather.pdf>
- Slide 86 (Escalator): PowerPoint Stock Image
- Slide 87 (women sitting together): PowerPoint Stock Image

# References

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- Slide 88 (Group Debrief): <https://www.istockphoto.com/vector/group-therapy-concept-with-group-of-women-gm1267427491-371867599>
- Slide 88 (The more reflective you are the more effective you are): <https://organisingstudents.com.au/2021/06/students-must-self-reflect-to-learn/>
- Slide 89 (The Art of Verbal De-escalation info-graph): <https://www.nuemblog.com/blog/verbal-deescalation>

## Extra Resources:

Holloman, J., & Zeller, S. L. (2012). Overview of Project BETA: Best practices in Evaluation and Treatment of Agitation. *The Western Journal of Emergency Medicine*, 13(1), 1–2. <https://doi.org/10.5811/westjem.2011.9.6865>

<https://drdansiegel.com/resources/>