Heading Off VIOLENCE With Verbal DE-ESCALATION

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In recent years, studies of aggression and violent behavior in psychiatric units have begun to focus on ways to help nursing staff treat potentially violent patients. Ryan and Poster (1984) concluded that educating staff about aggression, providing support, and teaching specific methods of intervention were all essential to effectively cope with incidents of assault. Nurses working on psychiatric units are in particular need of new training programs and support groups, as their work requires interaction with a range of patients, some of whom inevitably will become agitated. This article will provide psychiatric nurses with information about a number of therapeutic communication techniques that have been shown to reduce the incidence of violence in psychiatric patients not affected by drug or alcohol intoxication or gross organic brain syndrome.

Perhaps the most important thing to remember about violence is that it does not occur as an isolated act, but as part of a process. Usually, this occurs as a progression from relative calm to increasing agitation to peak escalation, culminating in an abrupt and violent act or series of actions. By understanding this cycle of aggression, a nurse can accurately assess the patient’s immediate potential for violence and choose the method appropriate for dealing with the situation. The nurse might choose among administering medications, putting the patient in a seclusion room, or, if violence seemed imminent and the option were available, electing to have staff or security guards restrain the patient. However, it would be far simpler and far more therapeutic to interrupt and alter the course of the aggression cycle through the practice of therapeutic communication, specifically, verbal de-escalation.

What is verbal de-escalation? A nurse might describe it as “talking the patient down,” but it is actually a complex, interactive process in which the patient is redirected toward a calmer personal space. Nursing goals are reduction of anxiety, maintenance of control, and avoidance of violent acting-out. These are achieved through effective communication with the patient, using the nurse’s training and skills to identify the patient’s stressors and providing the patient with functional alternatives to aggression.

As nurses, the most valuable resource we have is ourselves; not only our experience, education, and unique personal attributes, but also the time and attention we invest in each interaction with patients. In our often-crowded and minimally staffed care facilities, one-to-one communication with a nurse is often a reward in itself and, used with discretion, can be a powerful reinforcer of behavior. In that light, the nurse must take care to not provide reinforcement for threatening behavior. However, just as artists and skilled craftspeople need to be familiar with their tools to do their best work, nurses require a knowledge of some basic skills to properly use their personal resources.

Assessing Ourselves for Therapeutic Availability

Know Yourself. Start each day with an assessment of your personal stressors, and then re-assess them throughout your shift. Are there ongoing problems in your home life that affect your performance at work? How stressful is your work? Is there greater stress today? Why? Are there particular patients or co-workers who “push your buttons?”
Are your personal issues affecting your interactions with some patients? One of our central responsibilities is to maintain our therapeutic skills by maintaining our own overall sense of well-being. The nurse, therefore, must address stressors and personal concerns, and manage and resolve difficulties when possible. This is no small task.

If trouble begins to develop on the unit, the questions to ask are: “How did my day start? Have I had a good day or has it been stressful? Am I tired? What is my anxiety level? Do I have rapport with the person in trouble? On a personal scale of efficiency, how well am I functioning today?” Continued self-awareness, a critical element in our therapeutic effectiveness, can remind us of the necessity to resolve our own difficulties. The more centered we are, the more effective we are to and for our patients.

It is important to remember that psychiatric nursing is an inherently stressful job, and each additional stressor increases anxiety levels and susceptibility to errors in judgment. As arousal increases, judgment decreases, and responding to a potentially dangerous situation will trigger the body’s emergency response systems, further inhibiting judgment. As a result, when the greatest demand for performance is at hand, performance can be compromised by stressors not properly handled. A deliberate effort to diminish these forces by developing an awareness of personal anxiety and effectiveness levels is necessary.

Assessing the Patient and Situation

Know Your Patient. Peplau (1952) asserts that “All behavior is meaningful and can be understood.” It is purposeful, seeking feelings of satisfaction and security, and this is especially true of psychiatric patients. Be aware of changes in behavior that may signal increasing agitation: pacing, a raised voice, a sudden silence, or clenched fists may all be indications of something wrong. If no intervention occurs at this time, the patient is likely to continue to exhibit these behaviors. The patient is, after all, attempting to make sure that personal needs are met. In some instances, the patient may escalate to slamming down a phone, shouting, or acting out in other ways. Early detection of the patient’s agitation is the key to early intervention and the prevention of violence, so it is important to observe patient behavior even if other tasks are being performed. Teaching other nurses and psychiatric technicians to observe changes in behavior will also aid in early detection of agitation.

Intervention begins with determining what the patient feels is needed. Hearing feelings expressed by the patient allows for the identification of the source of the agitation and will provide cues on how to help. There could be a number of reasons for the agitation, such as akathisia (side effects of medication), responding to internal stimuli, or conflict with family, staff, or peers. Knowing the patient, his or her baseline behavior, and the medications being received will make assessment easier and increase the likelihood of its accuracy. However, if there is no information about the patient to rely on, then observations, assessment skills, intuition, and common sense come into play.

Begin assessment by carefully approaching the patient; information about posture, eyes, and gestures should be noticed and communicated. The volume and tone of voice are important to note, and attempts should be made to determine who may be the target of the patient’s emotional response. It may be a peer, a staff member, or someone who is not physically present. Then again, the patient may simply be responding to internal stimuli or other impersonal factors. At this stage, the nurse’s role is primarily to be an observer, gathering information with which to effect a successful intervention.

Verbal intervention can be successful during the escalation stage when the patient is beginning to become agitated, but not during the crisis stage. When the patient is out of control and presenting behavior dangerous to self and others. The first objective is to get the patient to a safe, quiet place; this can be done by simply expressing concern and a willingness to listen. The patient should be told that interested and helpful people are present. Acknowledging the patient’s feelings (which, whatever their origin, are very real to the individual) is extremely important, even if what the patient wants from staff is impossible to give. Validating the patient’s feelings will often make it easier to talk about the issue immediately. Behavioral expectations must be simple and clear: “I expect you to control yourself.” Offering an as-needed medication, if one is available and appropriate, is especially helpful at this time.

Know the Basics of Verbal De-escalation. Practicing the skills of listening and responding to patients therapeutically increases effective handling of problems that develop on the psychiatric unit. It is important to remember that nonverbal as well as verbal communication need to convey the message that staff are calm, controlled, open, nonthreatening, and caring. Conveying this message may require self-discipline and determination, especially if personal fear is part of the picture. A relaxed poise that allows listening, communication, and response to violence, if necessary, will increase effective strategies. This skill can be acquired through time and effort. Each nurse needs to develop an approach, integrating his or her skills and resources into a complex and personalized style. The
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following are the fundamentals of verbal de-escalation.

Personal Space. If the patient is sitting, nursing staff should also sit. Having eyes on the same level reduces the possibility of intimidation—it is better not to tower over the patient or look up at the individual; communicating as equals is less intimidating. At the same time, it is important to give the patient adequate personal space. According to Lanza (1988), violence-prone people need up to four times more space than would usually be required in other situations. Intrusiveness could provoke aggression; it is essential to be alert for signs of increased agitation when approaching the patient. If the patient is unable to sit, do not press him or her to do so. Many patients are unable to stand or sit still; pacing or walking with the patient would be appropriate. Be careful not to walk behind the individual—voices may be frightening if they are out of direct vision. Walking and speaking from behind may further confuse the patient.

Although personal space is important, remember that staff should be close enough to be able to speak in a normal tone of voice. Raising voices to project across too much space will probably escalate the patient, possibly to the point of aggression.

The patient may be verbally abusive. It is essential not to take this personally. Staff’s use of profanity with patients usually is not recommended; however, do not curtail communication by forbidding profanity or rude gestures from the patient. This may be the only way that the patient can express feelings at the time.

Speaking to the Patient. The staff’s tone of voice should be low and calm. Because the patient is agitated, the individual will have difficulty hearing and understanding what is said. The patient may be yelling, speaking rapidly, or moving about and talking at the same time. If staff speak slowly and clearly, it will be easier for the patient to understand what is being said, and appropriate behavior will be modeled. Always refrain from reacting with agitation. Never yell at the patient, even if the patient is yelling at you.

Using open-ended sentences promotes communication: “You feel that people are always unkind to you?” is more likely to elicit a response than is a direct question or statement such as “What’s the matter?” or “You need to tell me what’s bothering you.” Avoid using “okay?” at the end of sentence. This may foster ambivalence and confuse the patient, giving the message that there are choices when none may exist.

In talking to the patient, be careful not to sound punitive, threatening, accusatory, or as if a challenge is being presented. If the patient says he’s going to “tear the place apart,” and the response is “just try it,” a challenge has been given; the patient may act on it. Finding out why the patient is feeling like tearing the place apart is more effective in defusing the situation. Verbal power struggles can be avoided if arguing is not the mode. Encourage the patient to take as much responsibility as possible. Verbalize the options, and allow the patient to make choices whenever possible. Psychological studies have found that people become aggressive and violent because they perceive themselves to be powerless.

In situations where a patient’s ambivalence prevents making decisions, verbalize acknowledgment of this; ie, “It seems difficult for you to choose right now; I will choose for you this time.” Then choose the most appropriate intervention strategy. It is important for staff to remember to check their own emotional status. Because staff may be tired, frustrated, or angry with the patient, punitiveness must be guarded against. Being honest with the patient is important. Do not make deals or promises that cannot be kept. For example, a patient wants to go for a walk. The staff member is very busy and unable to escort the patient, so the patient is told that someone on the next shift will take him. There is no guarantee that staff on the next shift will actually have time to take the patient for a walk. This sets the patient up to become very angry, and the nurse on the next shift may have to deal with the acting-out behavior.

Posture and Body Language. Particular attention should be paid to posture. Body language should give the same message to the patient as vocal tones. One posture to totally avoid is crossing arms across the chest; that is the ultimate closed message, signaling an unwillingness to be open to others’ ideas. Using a mirror, try different postures and poses, and find one that is open and comfortable. Sometimes a slouching posture gives an impression of ease. Remember, it is very important to know how to handle personal anxiety, setting it aside until the situation is under control. Touching the patient gently and in a nonterrorizing way may be helpful, although if and when to touch is often a difficult decision for the psychiatric nurse. Permission should first be obtained from the patient, either verbally or through body language. If in doubt about touching a patient, don’t. Remember, any movement toward the patient may be interpreted as threatening and might provoke an inappropriate or violent response.

Time Investment. It is recommended to have a time frame in mind when beginning a verbal intervention. The amount of time spent will depend on the patient and the behaviors being dealt with. Usually, starting with 8 to 10 minutes is sufficient. If progress is being made with the patient, the time can be extended. Less time should be allocated to listening and talking to patients who are very manipulative than to those who may be depressed, suici-
Dal, or very frightened. Staff will need to set limits, yet do so gently, taking great care to speak clearly and distinctly while using a firm tone to indicate that there will be no further discussion of the matter. Consistency with these limits is essential.

**Environment.** Verbal de-escalation includes not only nurses' personal presentation, but also the environment in which it takes place. Select a quiet place, but one visible to other staff members if there is a problem. Quietness is important for the de-escalation process, and visibility adds to staff and patient safety. Letting co-workers know where staff are, who they are with, and approximately how much time will be needed helps to provide uninterrupted time with the patient.

Research supports the theory that people resort to basic needs when in crisis. Maslow's Hierarchy of Needs provides a good model, suggesting that people are most concerned with meeting their needs for physiological necessities (air, food, water), security, social acceptance. Staff can offer food and drink, a safe place, and acceptance. Adding to these a willingness to listen to what the patient has to say not only will meet the basic needs, but will also aid in the creation of a relaxed atmosphere that will promote discussion rather than violence. Caution is suggested in offering hot drinks, as injury could occur if the patient were to throw the drink. Juice may be more appropriate and is readily available in the hospital setting.

**Safety Considerations.** To communicate in a calm, reassuring manner, the nurse must feel safe. For this reason, safety considerations must be addressed.

- Hospitals may have a policy regarding safety guidelines for wearing jewelry. Dangling earrings and necklaces can be prime targets if the situation becomes physical. The patient's attention frequently becomes focused on these objects, and serious injury could occur if patients were to grab for them. Damage to earlobes and necks is likely, and the secondary consequence of the injury—staff responding to injured staff rather than to patient needs—are to be avoided if at all possible. If jewelry is worn, remove it before going to deal with an agitated patient.
- Be sure you have enough staff for back-up help. An overly threatening appearance should be avoided, but staff in the area should be ready to assist if needed. No matter how many staff members are in the vicinity, it is best that one person speak to the patient, as this prevents confusion and presents the patient with a single consistent viewpoint.
- Survey the environment: Where is the furniture placed? Are there obstacles or hazards that could cause injury if the patient becomes violent and must be restrained?
- Do not stand directly in front of an agitated patient; this might be perceived as confrontational or as a threat to freedom or movement. Similarly, avoid blocking doorways and being seen as an obstacle and a potential target for aggression. When talking to the patient, stand at a slight angle about an arm's length away. Encourage the patient to sit down away from the main traffic areas, but do not be too insistent.
- If interviewing a patient who starts to escalate, provide feedback about the way he or she seems to be feeling: "You seem very frightened and anxious..." Such feelings might then be explored. If escalation continues, terminating the interview is wise. If the patient seems agitated and is unable to maintain control, provide reassurance that staff will provide control for the safety of everyone, including the patient. Patients fear losing control and look to staff for reassurance. If physical restraint is necessary, another staff member should clear the area of other patients.
- Do not confront the patient. Any processing must occur after the patient has calmed down; any confrontation of mistaken information or perception that the patient is acting on should be presented in an exploratory manner. If there are security guards at your facility who assist with out-of-control patient situations, they should take direction from the nurse in charge. Security guards generally do not have the same training or expectations as the nursing staff, so, if possible, a staff member should explain the situation to guards before they arrive on the unit. Security guards can occasionally be used as a "show of force" only. Be aware, however, that the sight of a security uni-

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**Summary**

Respect for the rights and dignity of patients is the underlying principle of therapeutic communication. Its effective practice requires the nurse to identify personal issues, stressors, and one's own anxiety and effectiveness levels. It is important that the caregiver maintain self-control to help others control themselves. By constantly observing patient behavior, the nurse should be able to detect agitation and intervene in a timely fashion, avoiding physical confrontation and the physical restraints that are its usual consequence.

To make this outcome possible, the nurse should learn to recognize signs of agitation and escalation; should practice presenting himself or herself as a calm, caring professional; and should maintain poise even when facing a potentially violent patient. The nurse should remain open-minded, knowing that patients frequently react to assumptions made about them, and use the information acquired to find acceptable alternatives to aggression. These alternatives should be presented to the patient, making the choices
Reducing Violence

KEY POINTS


1. Violence usually occurs as part of a progression from relative calm to increasing agitation to peak escalation, culminating in an abrupt and violent act or series of actions.

2. Verbal de-escalation redirects the patient toward a calmer personal space. Nursing goals are the reduction of anxiety, maintenance of control, and avoidance of violent acting-out, which are achieved through effective communication with the patient that identifies stressors and provides functional alternatives to aggression.

3. The following points are important to remember when managing potentially violent patients: know yourself; practice presenting yourself in a calm manner; continually observe and reassess the patient’s behavior; detect agitation and intervene in a timely fashion; and allow the patient as much freedom as possible to make choices.

to treatment. Effective use of therapeutic communication encourages patients to express their feelings and become cooperative partners in their treatment.

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