

1. SAFETY ASSESSMENT AND SELF-ASSESSMENT

Safety

- Everyone’s safety is the priority
- Aim to get assistance from a colleague or have someone monitoring, who can call for help, if needed
- Position yourself close to an exit point, so you are able to leave the area quickly
- Scan the patient and environment for items that could be used as weapons (pens, equipment, dishes, trays, etc.) and remove them or place them out of reach
- Minimize sensory stimuli – lower noise where possible. Aim for privacy and remove any bystanders

De-escalation is appropriate if:

- ✓ The individual can hold a conversation
- ✓ There are no risk behaviours (physical aggression toward self or others)
- ✓ There is no property damage

Self-assessment

- Your well-being comes first.
- Are you emotionally prepared to de-escalate the individual? If unable, allow a colleague to step in
- Stop and notice if you are taking things personally or engaging in a power struggle
- Consider ways to self-regulate – breathwork, self-talk, grounding exercises

2. COMPASSIONATE COMMUNICATION

What do I say?

- If individual is unknown, introduce yourself/your role and ask permission to speak to them
- Start by listening. Allowing individuals to tell their story and talk about their frustrations will build rapport and may diffuse the situation
- Use minimal encouragers to show attention like: “yes”, “okay”, “go on”
- Use open-ended questions – “Can you tell me more?” “What happened next?”
- Allow for silence
- Strengths-based language will minimize defensiveness. Say “when your voice is raised, it is difficult for me to help you” versus “you cannot speak to me like that”
- Paraphrase: “So what I am hearing is you’re worried about the test. Is that right?”
- Validate:
 - “I can see why that may be frustrating”
 - “Most people in your situation would feel the same way”
 - “I am sorry, that sounds really hard”
- Be concise, use simple language, and avoid jargon. People’s ability to engage in complex conversations is limited when they are in distress
- Avoid phrases like “calm down”, “just relax”

What do I do?

- Calm is contagious – focus on regulating yourself and be mindful of your nonverbal communication:



Maintain open, body language with hands visible at your side



Neutral facial expression, soft eye contact



Use a soft, calm tone of voice and slow your rate of speech



Avoid touching the individual, this can escalate a situation

3. EMOTIONAL AND PRACTICAL SUPPORT

- Practical assistance tends to be helpful once you have listened and validated the individual
- Infuse choice and control where possible:
 - “would you like to speak here or go to another area?”
 - “did you want to include anyone else in this conversation?”
- Ask permission to problem solve: “I would like to help. Can I share what has worked for other families?”
- Consider any unmet needs that may be contributing to the escalation and remember to HALT. Is the individual Hungry, Angry, Lonely, Tired/Thirsty. Offer food, drink, a blanket, time to talk or take a break