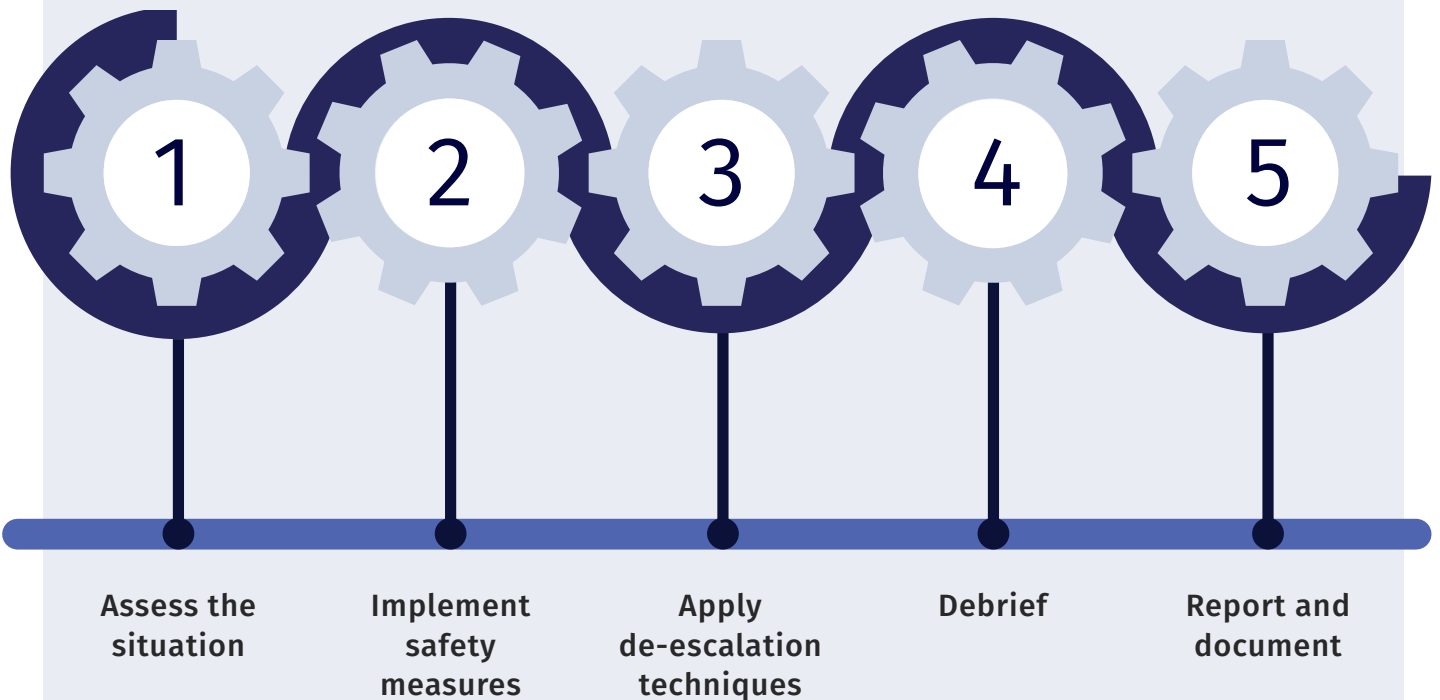




Foundational Communication Skills: Verbal De-escalation with Clients and Families


Effective communication strategies and interpersonal skills are required for therapeutic nurse-client relationships.¹ These skills are also central when responding to challenging behaviours or emotional responses such as anxiety, anger, and aggression. This resource outlines the de-escalation process as well as strategies aimed at assisting home-visiting public health nurses (PHNs) to respond to clients and families in a trauma- and violence-informed way.

The De-escalation process²




Assessing an Escalating Situation & Planning a Trauma- and Violence-informed Response

When individuals are feeling stressed, afraid, or out of control, situations can escalate into incidents involving aggression. Awareness of the emotional stages associated with escalation toward anger and aggression can aid in identifying situations that would benefit from intervention.²



Early intervention with de-escalation techniques is easier and more effective at the first signs of anxiety²

Calm	Anxious	Agitated	Aggressive	Violent
Observations/Behaviours				
<ul style="list-style-type: none"> • Tense posture • Fidgeting • Pacing • Nail-biting • Irritability 	<ul style="list-style-type: none"> • Clenched teeth/ fists • Cursing • Raised voice • Abrupt movements 	<ul style="list-style-type: none"> • Issuing insults or threats • Destroying property • Invading personal space or privacy 	<ul style="list-style-type: none"> • Striking • Punching • Slapping • Biting • Throwing objects at others • Kicking 	
De-escalation Interventions			De-escalation & Ensuring Safety	
<ul style="list-style-type: none"> • Engage in therapeutic communication (e.g., active listening, asking open-ended questions, silence) • Attempt to decrease environmental stressors (e.g., excessive motion or noise, lack of privacy/personal space, lack of autonomy) • Consider relaxation techniques (e.g., guided breathing) • Offer choice • Set limits 			<ul style="list-style-type: none"> • Advise the client of the consequences of escalating behaviour (e.g., visit or call will end) • Prioritize safety and exit as soon as possible 	
<p>Focusing on therapeutic communication strategies can lead to a more trauma- and violence-informed response to an escalating situation</p> 				

Therapeutic Communication for De-escalation

The goal of therapeutic communication for de-escalation is to encourage the client to verbalize. The opportunity to speak, before issues become overwhelming, can reduce the chance of escalation toward aggressive or violent behaviours.²

Presence

Nursing presence is a prerequisite for effective listening and involves mindfulness, being in the moment, and fully observant. Nurses can attempt to reduce internal (e.g., thoughts, feelings, and values judgements) and external (e.g., environmental noise and interruptions) distractions that can draw attention away from the interaction and interfere with nursing presence.³

Do I have any personal biases affecting my ability to effectively listen to my client right now?

Listening

Active listening enables nurses to perceive the client's reality and gain an understanding of the world as the client is experiencing it. When listening to clients, nurses must perceive content (e.g., when and where an event occurred), feelings (e.g., emotional reactions – often subtle or implied – that accompany content), and themes expressed (or the general point when content and feelings come together). After listening effectively, nurses can respond according to what is perceived which demonstrates understanding of the client perspective and care for overall client wellbeing.³



Silence

Silence is an important part of effective listening. It demonstrates respect and interest when a client is expressing themselves, allows the client time to gather their thoughts, and/or encourages an unwilling communicator to speak.^{2,3}

Open-ended questions

Asking open-ended questions acknowledges the client, helps the nurse gain an understanding of the situation, and opens the lines of communication.³

What are you feeling right now? How can we work on this situation together?

Clarifying

Clarifying or perception checking can ensure the nurse understands what their client is saying or that their interpretation of the content, feelings, and themes expressed by their client is accurate. This demonstrates respect for the client and facilitates trust speak.^{2,3}

Would I be correct in saying you feel overwhelmed with all the changes in your life this past month?



Nonverbal communication

Body language such as gestures, posture, facial expressions, and the physical distance between people (proxemics) transmits meaning in addition to words spoken. It is important for the nurse to be aware of their presenting body language and ensure that it is congruent with what they are trying to communicate. Relaxed body language can make it easy for others to feel relaxed in the conversation.²

The problem with “why”

Clients often do not know why they feel or behave in a certain way and asking “why” can leave clients feeling defensive. Consider “what” or “how” questions for a gentler and more respectful approach.²



Staying Safe²

While the entire de-escalation process is focused on safety by attempting to prevent violence, there are certain actions that can be taken to ensure the welfare of all involved.²

Before a visit

- Know your rights. Aggressive behaviours, abusive language, and violence should not be tolerated.
- Know your agency policy & procedures outlining steps for staying safe during visits. It is okay to end a visit if a client is escalating and/or there is a risk for violence.
- Identify risks from screening/referral forms to assess for risks prior to visiting.

During the visit

- Be aware of your exit from the home in case you need to remove yourself for safety reasons.
- Pay attention to your surroundings, including objects that could be used as weapons or projectiles and other individuals in the home.
- Maintain a safe distance from agitated or aggressive clients or family members – if the client would be in the position to grab, hit, or kick you after taking just one step this is too close.
- Adopt a supportive stance – feet shoulder width apart, arms slightly bent, and hands open in front of the thighs with palms facing upward.
- Trust your senses – if you feel unsafe, it is okay to end the visit and exit.

After the visit

- Document the client behaviours and your response including plans for follow-up.
- Debrief with your supervisor and seek additional supports as needed (e.g., reflective supervision or employee assistance program).
- Create a safety plan for subsequent visits (e.g., buddy-visit or virtual visit).



Practice Tip

Escalation can also happen during a virtual visit. If at any stage you feel uncomfortable or unsafe, then end the phone call or virtual visit. Advise the client that the behaviour is unacceptable, excuse oneself, and rebook within the next few days.



10 De-escalation Tips^{4,5}

- 1 Be empathetic and non-judgemental – try not to judge or discount a client’s feelings as unjustified or irrational – they are real to the client.
- 2 Respect personal space – allowing personal space tends to decrease anxiety. Always request permission to enter a client’s personal space for assessment or intervention.
- 3 Offer choices – offering choice can be a powerful tool when a client feels their only options are fight, freeze, or flight.
- 4 Agree or agree to disagree – try to agree with the client as much as possible unless there is no way to honestly agree in which case agree to disagree.
- 5 Set clear limits - set limits demonstrating your intent and desire to be of help but not to be disrespected or abused by the client.
- 6 Ignore challenging questions – answering challenging questions can result in a power struggle, instead, bring the focus back to working together to resolve the issue at hand.
- 7 Allow time for decisions - when a person is upset, they may not be able to think clearly. Be sure to give a few moments to think through what you’ve said.
- 8 Consider your reactions – remain calm, rational, and professional. You cannot control the client’s behavior, but how you respond will have a direct effect on whether the situation escalates or defuses.
- 9 Keep it simple – anxious or agitated clients may not be able to process verbal information in the same way as when they are calm. Use short sentences and simple vocabulary.
- 10 Listen closely to what the client is saying – through nursing presence, body language, and verbal acknowledgement, the nurse needs to convey that they are paying attention to what the client is saying and feeling.

3 Ways to Agree with a Client⁵

Agreeing with the truth – “You are right, she did say that. Do you mind if I help to explain?”

Agreeing in principle – “I believe everyone should be treated respectfully”

Agreeing with the odds – “There probably are other clients who would be frustrated too”

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