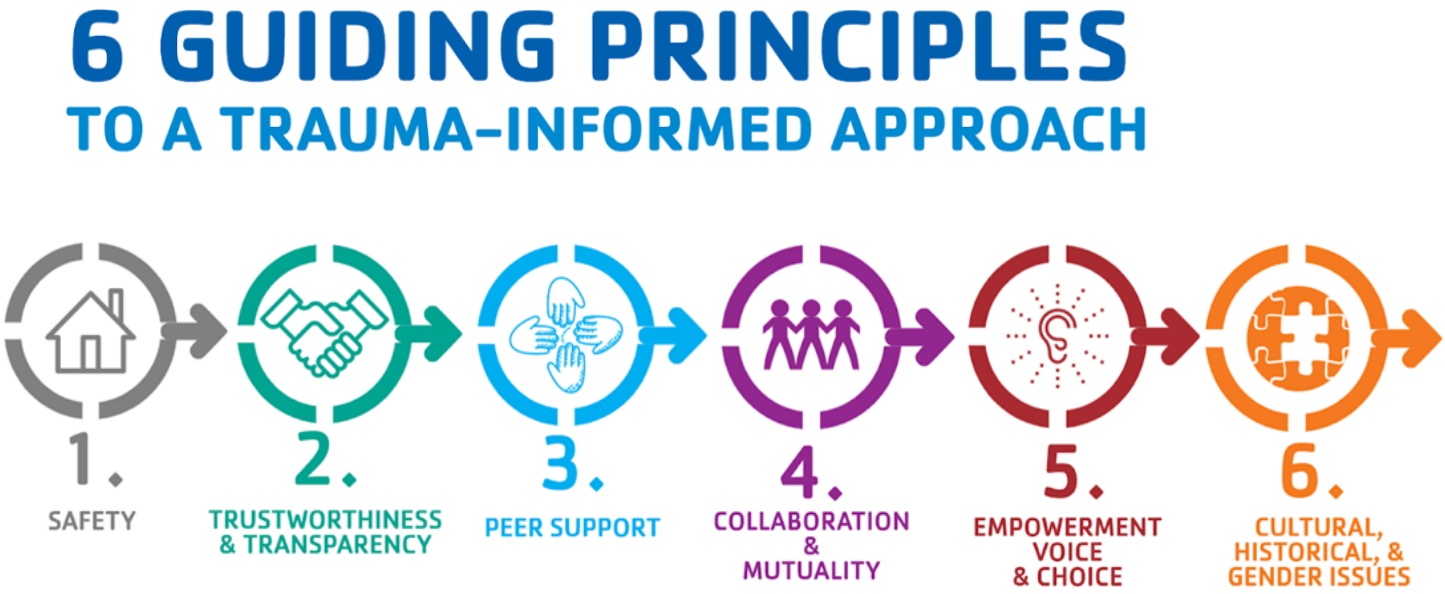
Resilient and Trauma-Informed Community:

Leading the Dance during Verbal De-escalation

Verbal de-escalation is a targeted use of intervention skills during situations at risk for aggression and emotional escalation. Techniques include strategic use of body positioning, control of nonverbal messaging, purposeful word choice and voice control. Every situation that has potential for escalation is different; therefore, how the techniques are used needs to be different and used in a way that fits the situation best. As an example, it may help to think of verbal de-escalation as a partner dance.

Every escalating situation will have a different dance style. Even if it is the same patient and the same staff member on the same day, the dance will be different. As professionals in a behavioral healthcare setting, we have control over our response and which verbal de-escalation techniques we choose to use. However, we also have a responsibility to lead the patient in the dance. Our choice of techniques will influence the behavior response we receive back from the patient. The application of six trauma-informed principles can help us to lead the dance in a productive and safe manner that will decrease risk for re-traumatization while supporting the patient's well-being and ability to regulate emotions and actions when triggered.



This figure is adapted from: Substance Abuse and Mental Health Services Administration. (2014). SAMHSA's concept of trauma and Guidance for a trauma-informed approach. HHS publication no (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration.

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SAFETY:

How can I create a **safe space that allows for release of emotions?**

- Remove other patients
- Move to a safer space (patient room, dining room, group room, etc.)
- Remove potential items that could become harmful if situation escalates

How am I **utilizing proxemics to be supportive** of the patient?

TRUST/TRANSPARENCY:

What do **my nonverbal behaviors and choice of language** communicate to the patient about my trustworthiness?

How am I **balancing strength and sensitivity** in the way I communicate?

How am I **acknowledging precipitating factors and practicing rational detachment?**

PEER SUPPORT:

What can we **learn from each other**?

What options am I offering for others to build and nurture a **shared sense of community & belongingness**?

What opportunities am I taking to **promote recovery, healing and resilience**?

COLLABORATION & MUTUALITY:

How am I focusing on **therapeutic listening skills** during the outburst?

Where am I **inviting others involved in the patient's care** to share their input?

How am I role-modeling and teaching that **assertive communication is more productive than aggressive behavior**?

How am I **fostering learning and self-regulation** rather than punishing or shaming?

EMPOWERMENT/VOICE & CHOICE:

What am I doing to **shift my perspective and understanding** that behavior is often a symptom of previous trauma experiences?

What am I doing to **recognize and validate the perspectives and strengths** of the patient?

How am I **presenting choices in clear and simple language** that the patient can understand and that will empower them to modify their behavior?

How am I **offering accurate information** so the patient can make their own informed decisions?

CULTURAL, HISTORICAL & GENDER ISSUES:

How does my awareness of **past admissions and power dynamics between staff and patient** influence my thoughts, actions and words?

What am I doing to **educate myself** about psychiatric diagnosis and the perspectives of the patient with a specific diagnosis?

How am I demonstrating **cultural humility and trustworthiness**?