

The 10 Domains of De-escalation

1. **Respect Personal Space of patient and yourself. (2 arm's lengths)**

2. **Do Not be Provocative (avoid Iatrogenic* Escalation)**

- Humiliation of patient needs to be strongly avoided.

Body Language:

- Stand at angle to patient (to not appear confrontational),
- No clenched fists
- Hands visible.
- Avoid excessive eye contact
- Avoid arm folding or turning away.
- Body language should be congruent with words (otherwise seems insincere)

3. **Establish Verbal Contact and 1 person verbally interacts**

4. **Be Concise, and keep it simple, repetition may be needed.**

5. **Identify Wants and feelings –**

Use “Free information” (trivial things patient says, his body language or even past encounters with patient) to identify wants and feelings.

6. **Listen Closely to what patient is saying:**

- Active Listening.
- Use “Miller's Law”- assume patient's point is truth and try to imagine what it could be true of.

7. **Agree or Agree to Disagree:**

- “Fogging” is empathic behavior in which one finds something of patient's position upon which to agree.

8. **Lay down Law and Set Clear Limits:**

- Establish basic working conditions.
- Must be reasonable and done in respectful manner.
- Coach patient how to stay in control

9. **Offer Choices and Optimism.**

- Broach subject of medications.
- Be optimistic and provide hope.

10. **Debrief the patient and staff.**

¹ Richmond JS et al. Verbal De-escalation of the Agitated Patient: Consensus Statement of the American Association for Emergency Psychiatry Project BETA De Escalation Workgroup. Western Journal of Emergency Medicine. Vol XIII, No 1. 17-25. Feb 2012.