



**AGGRESSION MANAGEMENT**  
**VERBAL DE-ESCALATION**  
**2 CEUs**

## **OVERVIEW AND OBJECTIVES**

The ability to effectively handle aggression is a crucial skill for someone working in Behavioral Health. Self-management and assertive communication are two key components to verbal de-escalation. This course will explore identifying, preventing and managing aggressive behavior through the use of verbal de-escalation interventions.

Upon successful completion of this course the learner will be able to:

1. Define “aggression” and “verbal de-escalation”
2. Identify warning signs for aggressive behavior
3. Give examples of verbal de-escalation techniques to use in a crisis situation

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## INTRODUCTION

### **Aggression**

In psychology, the term aggression refers to “a range of behaviors that may result in both physical and psychological harm to oneself, others or objects in the environment.” The expression of aggression may occur in a variety of ways including verbally, mentally and physically. (Cherry, K. (n.d.) [aboutpsychology.com](http://aboutpsychology.com))

### **Verbal De-escalation**

Verbal de-escalation is a targeted, non-physical, intervention used with clients to diffuse, re-direct, or de-escalate a conflict situation. The technique of verbal de-escalation uses calm language, along with other communication skills during a potentially threatening or dangerous situation in order to prevent an individual from causing harm to self, others, or the environment.

### **Aggression and Behavioral Health**

As behavioral health workers, we interact closely with clients and their families. On many occasions, these interactions occur under difficult circumstances, possibly due to the client’s illness, personal issues, medication, or history of violent behavior. Violent and/or aggressive behavior from a client is common in the behavioral health field and staff members are often required to diffuse crisis situations. The ultimate goal is to provide an environment that is safe for both clients and staff members.

It is important to remember that the client’s interests and needs always come first. As behavioral health workers, we need to recognize that the aggressor is often feeling threatened, anxious, or fearful, and will respond even more aggressively if he/she feels threatened.

When the need to manage aggression arises, keep in mind it is beneficial to be genuine and authentic in order to build rapport with a client. The way we treat the client will influence how they respond to our de-escalation strategies. The majority of potentially violent situations can be diffused successfully through the use of effective communication techniques. Our goal as behavioral health workers is to remain calm and confident in our interactions with the escalated client, with hopes that he/she will respond positively to our respectful, assertive techniques.

## SIGNS OF AGGRESSION

Possible signs of aggression to watch out for include:

- Easily or often angered
- Making threats of violence
- Intimidating others
- Drastic change in personality
- Red/flushed face/perspiring
- Standing tall
- Clenched fists
- Rapid breathing/pacing
- Direct, prolonged eye contact
- Exaggerated gestures
- Narrowing of the gaze
- Tight jaw/facial muscles
- Raised voice



Possible reasons clients become aggressive include:

- Frustration
- Immaturity
- Humiliation
- Excitement
- Learned Behavior
- A means to an end
- To assert dominance
- To intimidate or threaten
- To express possession
- Unfairness (perceived or real)

When dealing with an aggressive client, consider the factors that may be contributing to the individual's aggression (risk factors) such as:

- Is the person facing a high level of stress? (e.g. recent bereavement, pending court issues)
- Is the person under the influence of substances or coming off substances?
- Does the person have a history of violence?
- Does the person have a history of psychiatric illness?
- Does the person have a history of violence or verbal abuse toward staff in the past?
- Has the person suffered a significant loss or frustration (e.g. losing a pass or parental rights)
- Has the person received a warning about their behavior?
- Does the person believe they have been treated disrespectfully?
- Has the person failed to receive a privilege they expected or counted on?
- Does the person have a hostile relationship with another client?

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## **EFFECTIVE VERBAL DE-ESCALATION**

According to John Lundholm (2007), effective verbal de-escalation of aggression is built on five key strategies:

1. Self-management
2. Situational awareness (managing the stages of conflict)
3. Non-verbal communication
4. Listening (active and empathetic)
5. Assertive verbal communication

### **Self-management**

In terms of managing our clients and their aggression, we need to first look at ourselves and the way we manage and express our emotions. Behavioral Health can be a very challenging and overwhelming environment to work in. At times, stressful situations arise in the workplace and

how you choose to handle these situations is of the utmost importance. The choices we make in managing our emotions and responding to situations greatly influence the workplace environment. Most importantly, our choices and our behavior influence our relationships and rapport with clients.

*“Everything can be taken from a man but the last of human freedoms – the ability to choose one's attitude in a given set of circumstances, to choose one's way.” – Viktor Frankl, "Man's Search for Meaning."*

When working with our clients, we must strive to:

- Appear calm
- Be present
- Have relaxed muscles
- Look confident
- Be open and receptive
- Abstain from judgment
- Use a calm monotonous voice
- Be respectful and assertive

### **Situational Awareness**

Situational awareness involves being aware of what is happening around you in order to understand how information, events, and one's own actions will impact goals and objectives, both immediately and in the near future. (“Situational awareness”. (n.d.), para. 2, In Wikipedia)

It is important to be aware of factors in the environment, in the client, and in the staff that can escalate the risk of violence. Awareness allows you to predict what is likely to happen next and what action you need to take. The more awareness you bring to a situation, the better equipped you will be to make smart and safe decisions. It is important to take responsibility for your own safety and security, as well as that of your peers. Listen to your gut and your intuition at all times, even when you are busy or distracted.

*In a crisis situation, ask yourself the following questions to perform a quick self-assessment:*

- Do I need to call for help from co-workers?
- Can I avoid criticizing and finding fault with the angry person?
- Can I avoid being judgmental?
- Can I keep myself removed from conflict?
- Can I see the situation from the angry person's point of view or understand the need he/she is trying to satisfy?
- Can I remember that my job is to keep the peace and protect the client and staff?

### **Non-verbal communication**

It is important to recognize that a large part of communication is non-verbal; therefore, our facial expressions, gestures, eye contact, posture, and tone of voice can speak the loudest. In order to be an effective communicator it is essential to be aware of your own non-verbal signals and body language. Below are some descriptions and tips for non-verbal communication:

- *Space and Positioning*—It is important to remember that the amount of space required to feel comfortable differs based on gender, familiarity, culture, mood, etc. We all have our comfort level when it comes to personal space. Space can be used to communicate aggression or dominance. Standing too close to an angry individual can make him/her feel unsafe and, in turn, make YOU unsafe. Always position yourself to be at the same eye level as the client—if they are sitting, you sit—if they are standing, you stand. When standing, stand at angle from the individual—if you stand directly in front of a client they may feel more threatened and boxed in. Avoid standing too close to the person—a “kick-distance” is an appropriate gauge. Never turn your back to the client, as this can communicate that you don't care what the person has to say or you can get hurt because you will not be aware of your surroundings. Position yourself closer to the room entrance than the escalated client—do not physically back yourself into a corner.
- *Facial Expressions*—Be aware of your facial expressions. Your facial expressions and non-verbal signals can affect how a client will respond to you and their willingness to

trust you. Be careful not to smile or laugh when re-directing a client as this will most likely escalate the client further.

- *Eye Contact*—The way we look at a person can communicate many different things such as anger, affection, and sadness. Staring at someone can cause them to feel anxious or uncomfortable. However, we need to use our eyes to express interest in what people are saying and communicating, so it is important to keep good eye contact without appearing confrontational. We must also keep in mind cultural differences when it comes to eye contact. Knowing a culture's norms can help you sharpen your non-verbal communication skills by teaching you to pick up on or use different facial or body language signals.
- *Voice Tone*—Certain voice tones can disturb some people and cause their aggression levels to rise. Pay attention to your tone and inflection—it's not what you say it's how you say it. Keep your voice calm and even, do not sneer, scowl, yell or sigh in exasperation.
- *Body Movements and Gesture*—Be aware of your own body language; keep an open stance, with your arms down at your side. Try to keep movements slow and calm. Be aware of your hand and arm movements as to not make gestures that could be perceived as threatening. Keep your hands out of your pockets and where they can be seen at all times—keep them in front of you, open and relaxed. Do not cross your arms or point your finger at the individual.

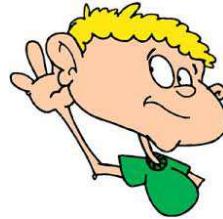
## **Listening**

Active listening is the primary strategy for diffusing anger and aggression. Most people prefer to resolve conflict through communication and cooperation, rather than through aggression. People desperately need to be heard, and active listening keeps the lines of communication open. Active listening involves supporting positive conversation, acknowledging the other person's point of view, repeating back what they said in your own words, and showing empathy. Sometimes all an angry person needs is for someone to take the time to allow them to vent his/her anger and frustrations. Active listening is attempting to hear, acknowledge and understand what a person is saying (listening not only to words, but also to the underlying emotion as well as to body



language). The objective of active listening is to build trust, collect relevant information, and diffuse any anger.

### *Steps to Active Listening*



In order to actively listen to others take the following steps:

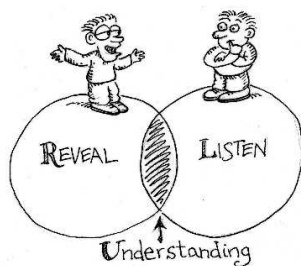
- Sit or stand with a receptive posture (do not slump your shoulders, be open with posture, do not cross arms in front of our chest as this will display a closed off approach).
- Look at the speaker—this will show that you are listening to them and not looking at your cell phone or distractions around you. Nod to let the client know you are acknowledging them.
- Let the speaker know you are listening (facial and verbal). Smile if appropriate to show them you are listening; be conscious of your facial expressions. Do not roll your eyes.
- Paraphrase, summarize and repeat back what you’ve heard for accuracy—this will allow you to repeat what the client said and understand what they are telling you. This will help prevent miscommunication.
- Ask for more information if needed —ask questions as this can be encouraging to the client and you can get a clarification of their point of view and what happened.
- Allow the speaker to confirm accuracy—wait for the client to confirm that you understood what they stated.
- Allow silence —although you may find the silence unbearable, sometimes the escalated person may need time to reflect or think. We need to allow the other person silent time to reflect and collect their thoughts, and often they come up with their own solutions!
- Agree —frequently, when people are angry about something, there is at least some truth in what they are saying. When attempting to diffuse a client’s anger, it is important to find that truth and validate their feelings.
- Apologize —sincerely apologizing for anything in the situation that was unjust or unfair allows for a client to feel heard and validated and can assist in de-escalation.

- Invite criticism —simply ask the escalated person to voice his/her concerns of the listener (What am I doing wrong that makes you so angry at me? Tell me, I want to hear everything you are angry about.)

## Assertive Verbal Communication

There are major differences between aggressive and assertive communication.

- *Aggressive Communication* is based on winning and initiating hostility. Aggression is acting without regard for the rights, needs, feelings, or desires of others. An individual with an aggressive style of communication may be perceived as a bully who disregards the needs, feelings, and opinions of others. Very aggressive people humiliate and intimidate others and can be physically threatening.



- *Assertive Communication* is based on balance and mutual respect. It requires being forthright about your wants and needs while still considering the rights, needs, and wants of others. Being assertive means being confident, direct and respectful. Guidelines for assertive communication include:
  - Use “I” statements—such as, “I feel”, “I want”, “I would like” – this shows that the speaker is taking responsibility for their own feelings.
  - Be empathetic—recognize what the person may be experiencing, “I understand you’re having a tough time.....”
  - Give choices—give choices so the client still can feel they have control.
  - Broken record technique—repeat the request if needed in the same way every time until they understand.
  - Be clear and set reasonable limits.

- Describe to the client the nature of the interaction you are having in a non-positional way. For example: “I am noticing that we are both getting a little tired and frustrated. I am not sure how we can move on or resolve this. What do you think?”
- Be aware of your body language, tone of voice and words, as you don’t want to sound confrontational. While it is important to communicate your viewpoint, it is important to do so in a way that refrains from personal attack. When we speak in a non-aggressive manner/tone, we encourage others to shift their behavior and do the same.

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### **STAFF PREPAREDNESS**

All staff need to be prepared to manage aggression. Tips to remember include:

- Recognize early warning signs of aggressive behavior
- Take all threats seriously
- Report abnormal client behavior to other staff members
- Follow established rules and procedures
- Treat all clients equally—do not show favoritism
- Always treat clients with respect
- Do not speak in a loud or aggressive tone of voice
- Validate client requests, frustrations, and angry feelings

When faced with an aggressive situation seek to:

- Do a quick self-assessment and assessment of situation.
- Call other staff for assistance if needed.
- Appear confident and calm and don’t take things personally.
- Create some space and check your surroundings for any potential objects that could be used as weapons.
- Avoid audiences when possible. When someone is acting up, ask the other clients to leave the area or, if possible, ask the agitated client to move to another location where they can express themselves without their peer involvement.
- Show that you are listening.

- Be careful of your assumptions about the escalated client.
- Speak slowly, gently, and clearly—lower your voice tone.
- Avoid staring, arguing, or confrontation.
- Calm the person and assure he/she feels heard before trying to solve the problem.
- Keep both hands visible so the client doesn't misinterpret your actions.
- Avoid sudden movements that may startle or be perceived as an attack.
- Avoid threats and, instead, explain your purpose or intention.
- Move towards a safer place (avoid being trapped in a corner).
- Never touch the client as they may take this as an aggressive action.
- Be aware of transference and counter-transference reactions.

Have a plan ready for when you need it. Think about options and actions you could take before such a circumstance occurs. Decisions made before a crisis occurs are more likely to be effective than those thought of “on the fly”. There may be occasions, particularly with the mentally ill, when the listener is unsuccessful. Your safety and the safety of others should always be your primary concern.

De-escalation is a very difficult and humbling skill. You must maintain self-awareness. You must be able to control your own anger. You must be able to see the bigger picture. You must be willing to practice what you've learned.

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## **BARRIERS TO EFFECTIVE COMMUNICATION**

In order to minimize communication problems:

- Use language appropriate to the person (use interpreter when necessary)
- Take time to communicate
- Confirm that you are understood
- Encourage and give feedback
- Communicate at an appropriate time and place (whenever possible)

There are many barriers to effective communication the most common of which include:

- *Noise*—it is hard to hold a conversation against a noisy background.
- *Language*—be careful of using jargon and avoid emotive language (words used deliberately to create an emotional impact or response). Express yourself in a direct manner. If there is a language barrier, seek assistance from other staff members or an interpreter.
- *Perception and prejudice*—everybody has a unique background and history with influences and experiences that form our way of looking at the world. Recognize your prejudices and work around prejudices of others. Maintain a professional attitude (do not allow our perceptions, personal opinions or prejudices to get in the way of duties and responsibilities to others).
- *Intrusion of personal space*—have you ever felt uncomfortable when someone stands a little too close? Remember that everyone has different preferences for personal space that a person needs to feel comfortable which can sometimes depend on one's culture and personal history. Be aware that being inappropriately far apart can also be uncomfortable.
- *Power struggles*—avoid getting into power struggles with clients. Work together with the person, not against them.
- *Cultural Sensitivity*—Culture can be defined as behaviors, beliefs, and values that are shared by a group of people. Each culture has its own unique rules, customs and ways of living life. Therefore, language is not always interpreted the same way for everyone. We need to be careful of our beliefs and personal assumptions when interacting with clients. Culture affects many aspects of a person's life. For example, the way conflict is dealt with can be determined by one's culture/belief system. Mental health providers need to be aware of the influence that culture has on mental illness and communication. According to Saldaña, D. (2001), The following issues are to be considered when working with a diverse group of people:
  - Don't assume the individual is proficient in the English language. The individual may interpret your words or phrases differently.
  - In the United States it is common for people to stand about 3 feet apart when having a personal conversation. In other cultures, people may typically stand closer, which may feel awkward to someone unfamiliar with this style.

- In the United States, individuals are encouraged to look each other directly in the eye. In other countries or cultures, people may show respect by not looking directly into someone's eyes when communicating.
  - Most Americans expect a conversation to take turns, but in other cultures it may be typical for several people to talk at once.
  - Hand and arm gestures can be interpreted differently with various cultures.
  - *Facial Expressions* – Can vary with different cultures so don't assume you know what someone is feeling based on their facial expressions.
  - *Silence* – Some cultures may use silence often during a conversation.
  - *Touching* – Varies from culture to culture, can be viewed as intrusive for one culture or viewed as aloof by another culture if you don't touch when speaking to someone.
- (Saldana, D., 2001)
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## STAGES OF CRISIS MANAGEMENT

Danskin, E.( 2013) defines the following as the four stages of Crisis Management:

### **1---Anxiety Level**

During this stage you may notice a change in the client's behavior or energy. The recommended response to the client at this stage is one of support and empathy. It is important you demonstrate active listening and abstain from judgment.

### **2—Defensive Level**

At the defensive stage the client experiences loss of rationality. The client will give cues both verbal and non-verbal indicating they are beginning to lose control and may challenge you and push buttons. They may not respond to words, but will be paying attention to your tone, posture and position.

The recommended response to an escalated client during this stage is “assertive and directive.” You must set clear behavioral limits, be directive, professional and respectful at all times. The limits you set must be clear, simple and enforceable. Inform the client of the potential positive or negative consequences of his compliance/non-compliance with your direction and empower him/her to make a wise behavioral choice. It is important to remember you are there to enforce the consequences of the individual's choice, not to make the person choose one option or the other.

According to The Provincial Violence Prevention Curriculum, Effective Limits are:

- Specific
- Achievable
- Realistic
- Enforceable

In order to effectively set limits:

- Validate the client's concerns
- Describe the behavior you want to change
- Explain why you want the behavior to change
- Describe the benefits of changing their behavior
- Describe the negative consequences of continuing their behavior
- Whatever they decide to do—your role is to follow-through on the benefits or negative consequences in a realistic timeframe.

Limit setting may not always work but you need to try it. This makes the client aware of the consequence before you enforce it and gives them the power to choose.

Example: “I know you are really upset right now, if you could lower your voice we can take a walk and talk about what happened.” “If you continue to yell, and disrupt the clients in group therapy and I will have to call for help.”

### **3—Acting Out**

During the acting out stage the client loses control and verbal aggression turns into physical assault or damage to property. As the professional, it is important that you know your company's safety policy and procedure to be used when a client loses control.

### **4—Tension Reduction**

At this stage, the client comes down from the peak of energy output, often going from explosive to withdrawn. The client may feel remorseful, fearful, or ashamed. This is the start of control or regaining rationality. The act of “going out of control” is even more frightening to the individual than to the staff. At this point the staff needs to use therapeutic skills, communicate and build rapport, assisting the client to gain equilibrium.

(Danskin, E., 2013)



## SUMMARY

Verbal de-escalation is used when we need to calm a person down as we come face to face with someone who is frustrated and/or angry. The methods used are non-physical, instead we utilize effective communication skills. The goal is to prevent the situation from becoming worse or lead into aggressive/physical behavior. Effective communication will improve trust between clients and staff, increase safety and improve overall morale.

As a professional in Behavioral Health, know your limits. Sometimes the best thing for you and the client is for someone else to take over the intervention. Look out for your peers and be a supportive member of the team by assisting a co-worker in an intervention when necessary.

Remember to debrief with co-workers and supervisors after an incident occurs. Discussing the incident that occurred, why it occurred and any improvements that could be made with the intervention, helps to plan for future incidents and improves staff communication and cohesion.

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