

# Appendix U: Example: De-escalation Tips and Interventions to Assist Patient to Cope

Provided by the Milwaukee County Mental Health Division  
Milwaukee, WI

## De-Escalation Tips

1. Always identify yourself.
2. Talk and think calm.
3. Ask patients how they are doing, or what's going on.
4. Ask patients if they are hurt (assess for medical problems).
5. Ask patients if they were having some difficulty or what happened before they got upset.
6. Remember why the patient is in the hospital.
7. Find a staff member that has a good rapport/relationship with the patient and have him or her talk to the patient. Let the patient know you are there to *listen*.
8. Offer medication if appropriate.
9. Help patients remember and use coping mechanisms they identified on the Patient reported Therapeutic Interventions Survey.
10. If a patient screams and swears, reply with a calm nod, okay, don't react.
11. Use team or third-party approach. If patient is wearing down one staff, have another take over (10 minutes of talking might avoid a restraint incident).
12. Reassure patients and maintain professional boundaries (tell patients you want them to be safe, that you are here to help them).
13. Allow quiet time for patients to respond – silent pauses are important.
14. Ask the patient if she/he would be willing, could try to talk to you (repeat requests, persistently, kindly).
15. Respect needs to communicate in different ways (recognize possible language/ cultural differences as well as the fear, shame, and embarrassment the patient may be experiencing).
16. Empower patients. Encourage them with every step towards calming themselves they take.
17. Make it okay to try and talk over the upsetting situation even though it may be very painful or difficult.
18. Acknowledge the significance of the situation for the patient.
19. Ask the patient how else we can help.
20. Ask the patient's permission to share important conversations with other caretakers for on-going discussion.

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## Interventions to Assist Patient to Cope

- a. Listen to the patient's concern even if you don't understand.
- b. Ask the patient to tell you what the problem is, and **LISTEN** sincerely.
- c. Recognize and acknowledge the patient's right to his/her feelings.
- d. Sit down if possible (maintain safety) and invite the patient to do likewise.
- e. Invite the patient to talk in a quiet room or area where there is less of an audience and less stimulation.
- f. Apologize if you did something that inadvertently upset the patient. Acknowledge feelings (not reasons) and state that it was unintentional.
- g. Let the patient suggest alternatives and choices.
- h. To maintain patient and staff safety, have adequate personnel available for crisis situations.
  - i. Speak in a calm, even, non-threatening voice. Speak in simple, clear and concise language.
  - j. Use non-threatening non-verbal gestures and stance.
  - k. Be aware of language, hearing, and cultural difference.
    - l. Assure the patient that she/he is in a safe place and we are here to help.
- m. Recognize your personal feelings about violence and punishment and how it affects you when a patient is violent.
  - n. Be aware of how other staff positively interact with angry patients and model their interventions.

*Adapted from Dr. Gudeman's interaction with patient on interventions with de-escalating patient 10/99*

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