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# How to Verbally Deescalate an Aggressive Patient

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**Introduction:** When patients become agitated and threatening, we often think first about chemical or physical restraints, particularly if staff safety is at risk. But coercive interventions can be degrading and might escalate the agitation and violence. Verbal de-escalation techniques can be very effective in calming a patient and potentially eliminating the need for forceful interventions. In this guide we review the key principles of verbal de-escalation.

First, create the right attitude

- Before you say much, try to adopt an attitude of friendliness and support. They are angry because they feel everybody is against them; you want to show that you are for them, not against them.
- Be aware of your counter-transference. Most patients who require de-escalation can behave unpleasantly. They have likely already been verbally abusive/insulting, often with foul language and racist or sexist themes. Don't take the insults personally. Remember that this behavior is part of their illness.

Make empathic and caring statements

- Identify their feelings and tell them you understand and want to help
  - "You seem angry, is there something that you want but you're not getting? Maybe I can get it for you."
  - "You're pretty steamed, let me know what's going on, I really do want to help you feel better."
- Take their side: "From what you've told me, it's clear you've been struggling, and other people have been treating you terribly."
- Be the "good cop" if they've identified a "bad cop": "I can see you feel like you were mistreated by the staff in the emergency—if that's true we're going to make sure it doesn't happen to you up here on the inpatient unit."
- Listen:
  - "Have a seat, talk, I'll listen." "Let me see if I understand you correctly."
  - "What do you want to have happen?"
  - "I want to help you get that."
- Try to find an area of agreement
  - "I agree that it's uncomfortable to be in the emergency room, I would feel the same way."
- Show concern
  - How have you been sleeping? How's your appetite been?

Make the physical situation safer

- Respect the patient's personal space. Stay at a distance of two leg lengths—this keeps you far enough away that the patient will not feel hemmed in and you will be safe from punches or kicks. You and the patient should have room to quickly exit the encounter if either of you feels uncomfortable.
- If they are pacing, posturing, or standing, encourage them to sit down. Try to move the encounter away from a public space. Having tense conversations in front of others might increase their sense of humiliation, which can escalate their anger more.
  - "Do you mind if we find a place to sit down and talk? It's hard to have a good talk standing up in the hallway in front of everyone."
- Make sure you feel safe. Don't let a dangerous patient talk you into sitting with them alone. You may be tempted to agree to this as it may feel like a sign of trust, but you'll regret it if they start to escalate in a small room.
  - Clarify your need for staff in a way that is respectful and not insulting: "I want to talk to you, but I want to make sure I'm safe, so let's start by having one of our aides join the conversation."
  - Create space between you—at least an arm's length.
  - If you are sitting in a room, keep the door open and sit at the threshold. Feel free to explain why with humor, "Just in case you get annoyed with me and want to chase me away—this makes it easier."

Offer food or drink or other comfort

- “Do you want a cup of water or juice? I’m thirsty and I’d be happy to get you something too.”
- “Would you like a blanket?”

Provide choices whenever possible

- Do you want the medication in a pill form or in a shot?”
- “Would you like to talk about this now or would you prefer to wait until you feel more comfortable?”

Express optimism and let the patient know things will get better

- “I realize you don’t think this medication will help you, but I’ve seen a lot of people who’ve come in for similar reasons as you, and they’ve gotten better with it.”
- If the patient states they want to get out of the hospital, give them clear goals—eg, appropriate impulse control and adherence to treatment—and assure them that, if they reach those goals, they will be discharged.

Allow them to feel like they’ve done something positive, even after a restraint episode

- “You’re doing a great job advocating for yourself.”
- “You’re really setting some limits and making it clear to us what’s okay and what’s not okay with you. I respect that.”

How to respond to inappropriate demands to leave immediately.

- “You can’t leave now, but let’s sit down and talk about a discharge plan that’s safe for you and everyone else.”
- “It’s legally impossible for me to discharge you right now. The law requires that you have a mental health evaluation before discharge.”
- “We have a legal obligation to observe people for up to 3 days before discharge.”

Be concise and repetitive when you need immediate compliance, and lay down the law when appropriate

- “I need to keep you safe.” “Please take a seat now.” “Stop hitting the window.”
- “Hitting others or damaging property here is unacceptable.” “Racist language is not allowed here.”

What to say when seclusion or chemical/physical restraints are imminent.

- “Would you like to take a time-out in the quiet room or would you like a medication?”
- “Would you like to take a pill to calm down or an injection?”

Things to avoid

- Don’t keep an agitated patient waiting
- Don’t tell them to calm down or lower their voice. Instead find out why they need to shout (eg., why are they angry)
  - “You seem angry, is there anything I can do to help?”
- Don’t order, ask.
  - “Can I ask you to stop pounding the on the wall?”