

Collaborative communication during escalated situations

Strategies for health care providers

Part of your responsibility as a health care provider is to have difficult conversations where emotions are heightened. To help support yourself during these situations, it's important to have a foundation of self-management skills and the ability to utilize de-escalation strategies.

This page will review three key concepts of de-escalation: a trauma-informed approach, key characteristics to effective de-escalation and a structured model of collaborative de-escalation.

Using a trauma-informed approach

Trauma is the lasting emotional response that often results from living through a distressing event.¹ It is so prevalent that health care providers should assume most of the people they provide services to have been affected by trauma.²

To take a trauma-informed approach, health care providers must create a foundation in which all interactions are based. A trauma-informed approach does not need to be focused on treating symptoms or syndromes related to trauma, but rather should strive to deliver primary care in a manner that is welcoming and appropriate for all.³

Below are the core principles to a trauma-informed approach:

- **Acknowledgement:** It's important to remember that trauma is universal. Recognize that the predominant emotional expression of fear might appear as anger, sadness, anxiety and/or aggression toward those in roles of power or authority.
- **Safety:** Provide an appropriate and knowledgeable response that addresses any concerns the person may have about the services or care being provided.
- **Trust:** Create an environment where all interactions are founded in trust, compassion and collaboration.
- **Choice and control:** Watch people's non-verbal communication and listen to their tone of voice. If you sense that people are reacting, change your approach to accommodate their needs. Explain processes before beginning any interactions.
- **Compassion:** Display compassion and empathy by framing questions and statements with sensitivity and without judgment.
- **Collaboration:** Keep the conversation founded in safety for everyone involved.
- **Strengths-based:** Focus on strengths, not deficits.

This information sheet is not intended to be a resource for people who require screening for COVID-19 or who are experiencing a mental health crisis. If you are experiencing a mental health crisis, please call 911 immediately or go to your nearest emergency department.

For more information, visit www.camh.ca/covid19

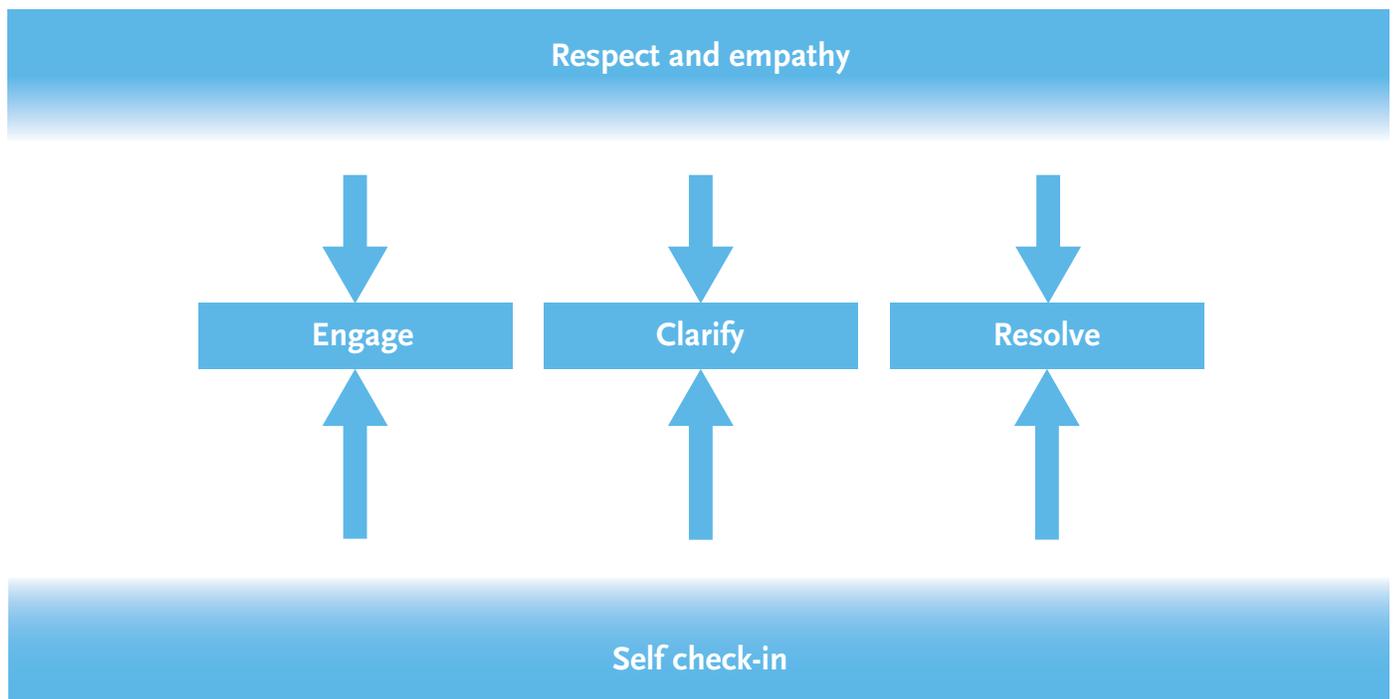
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Characteristics of effective de-escalators

When discussing de-escalation, it is important to review what qualities health care providers can bring to the interaction. The following is a non-exhaustive list of the preferred characteristics of health care providers:⁴

- Calm
- Flexible
- Supportive
- Non-judgmental
- Empathetic
- Self-aware
- Patient-centred
- Trauma-informed at all times
- Genuinely concerned
- Non-threatening
- Open
- Focused
- Confident
- Honest
- Gentle tone of voice

Collaborative de-escalation skills



Above is a model of collaborative de-escalation that outlines practical communication strategies you can implement when the people you are serving show signs of escalated emotions.⁵ The model encourages you to begin your interaction by performing a self check-in and then centering your approach in empathy and respect. From there, you can work collaboratively with others to engage, clarify and resolve the situation. See the table below for additional resources to put this model into practice.

Skill	Description	Application
Self check-in	Be aware of the aspects of your job that elicit an emotional response, and find ways in which you can manage those emotions.	Dismiss negative thoughts by focusing on what you can do right now.
		Breathe deeply, pause for three seconds, exhale slowly and repeat.
		Review your plan step by step with the patient. Avoid making false promises.
		Remind yourself this is not personal. It's not about you.
Respect and empathy	Keep in mind how difficult this situation is for both staff and patients accessing care. All communication should begin from a place of respect and empathy.	Empathize by listening to the patient without interrupting. Acknowledge or validate their feelings and needs.
		Extend yourself and your thinking to understand the patient's perspective and/or concerns.
		Provide information when requested. If that's not possible, explain why.
		Find ways to demonstrate that your responses to requests and concerns are sincere, authentic and genuine.
Engage collaboratively	Take into account the patient's needs at the time and what is possible. Observe non-verbal cues to help support the patient. Maintain control of the situation while also promoting the patient's autonomy.	Invite the patient to sit. Offer them something to eat or drink.
		Request additional staff support when needed.
		Maintain a safe distance. Be mindful of personal space.
Clarify	Establish the nature of the problem, ask questions and listen to what the person has to say.	Speak clearly, say who you are and remind individuals of what you can or cannot do in this situation.
		Speak slowly and wait for your turn to speak. Allow for moments of silence.
		Use open-ended questions.
Resolve	Attempt to work toward a resolution or provide options. Address the solution through appeal, negotiation, compromise or choice.	Provide clear and attainable options. Verbalize the next steps.
		Be flexible. Negotiate, compromise and avoid a power struggle.
		Try to provide patients with as much practical assistance as possible.
		Give patients the opportunity and time to manage emotions.
		Do more than acknowledge the complaint. Explain rules and the reasoning behind them. Be honest. Admit when you could be wrong.

1 CAMH. *Trauma*. Retrieved from: <https://www.camh.ca/en/health-info/mental-illness-and-addiction-index/trauma>.

2 Clinic Community Health Centre (KCHC) (2013). *Trauma-Informed: The Trauma Toolkit (2nd ed.)*. Retrieved from: https://trauma-informed.ca/wp-content/uploads/2013/10/Trauma-informed_Toolkit.pdf.

3 Ibid.

4 Price, O. & Baker, J. (2012). Key components of de-escalation techniques: A thematic synthesis. *International Journal of Mental Health Nursing*, Aug. 2012;21(4):310-9. doi: 10.1111/j.1447-0349.2011.00793.x.

5 Bowers, L. (2014). A model of de-escalation. *Mental Health Practice*, 17(9), 34–37. doi:10.7748/mhp.17.9.36.e924.