



# *Strategies for De-escalating the Hostile Patient Environment*

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# Objectives:

At the conclusion of this presentation, learners should be able to:

- Identify common triggers and affected populations.
- Manage personal and patient triggers effectively.
- Use techniques like active listening and setting boundaries.
- Create calming environments to reduce tension.
- **Describe a technique to de-escalate volatile patient encounters.**





# *Understanding Agitation in Primary Care*

## Definition and Scope:

- What is Agitation?
  - Emotional and behavioral dysregulation in response to frustration and distress
- Common Triggers
  - Environmental: Long wait times, loud environments
  - Psychological: Chronic pain, unmet expectations, mental health issues
  - Interpersonal: Poor communication or perceived disrespect

## Common Scenarios:

- A patient frustrated by long wait times
- A patient with chronic back pain demands an early refill on their opioids
- A patient disagrees with a physician's recommended treatment, insisting on a different course of action
- A patient is given a diagnosis with a poor prognosis

## Verbal Cues:

- Raised voice, speaking loudly, or yelling
- Mumbling to themselves
- Swearing or making threats
- Aggressive or sarcastic tone of voice

## Plan and Prepare:

If you are aware of an upcoming encounter with a patient you know to be difficult, take some extra time to prepare

- Inform staff in advance
- If possible, block out extra time on your schedule
- Before the interaction, take a breath and calm yourself to remain objective and focused on the care plan
- Remind yourself it isn't personal

# *Core Principles of De-escalation*

## Why De-escalation is Essential:

- Frequent encounters with agitated patients in primary care have an impact on:
  - Patient outcomes
  - Healthcare provider and staff well-being
  - Overall clinical environment

## Compassion and Empathy:

- Compassion: The emotional response when perceiving someone else's suffering and a desire to help alleviate it.
- Empathy: The ability to understand and share the feelings of another, seeing the situation from their perspective.

## Safety:

- For Patients
- For Providers/Staff
- For Others

## Understanding Triggers:

- Identifying and mitigating triggers
- Tailor approach based on individual patient needs and emotional state
  - Effective Communication
  - Create a Calming Environment
  - Offer Choices
  - Acknowledge Concerns
  - Pain Management
  - Trauma-Informed Care

## The Role of Self-Awareness in De-escalation:

- Recognizing Personal Triggers
  - Reflect on personal reactions to challenging encounters
- Maintaining Composure
  - Self-awareness: Recognize their own emotional responses and potential triggers.
  - Self-regulation techniques: Use deep breathing, grounding exercises, or mindfulness to remain calm.
  - Seek support: Engage with colleagues or supervisors to process challenging emotions.
  - Boundaries: Recognize when it's necessary to take a step back or ask for help in emotionally charged situations.



# *Practical De-escalation Techniques*

## Actions to Avoid with a Disruptive Patient:

- Do not engage in an argument or debate with the patient
- Avoid using medical jargon
- Do not raise your voice
- Do not respond to abusive comments or questions
- Do not rush the encounter

## Techniques for Showing Empathy and Understanding:

- Use reflective listening
- Ask open ended questions
- Use verbal and non-verbal encouragement
- Validate the patient's emotions
- Clarify by asking for details
- Summarize key points
- Stay neutral and non-judgmental
- Use silence effectively
- Empathize with body language

## Applying De-Escalation Techniques:

“Hi, I can see you're upset, and I want to acknowledge that your time is valuable. I'm sorry for the delay today; I know waiting can be frustrating.”

(Active Listening, Validation)

## Applying De-Escalation Techniques:

“Can you tell me more about what’s worrying you right now? I want to make sure I understand what's most important to you.”

(Open-Ended Questioning, Empathy)

## Applying De-Escalation Techniques:

“It sounds like you're feeling frustrated because this delay made you feel like your concerns aren't being prioritized. Is that right?”

(Reflection, Clarification)

## Applying De-Escalation Techniques:

“I want you to know that your concerns matter to me, and I’m here to help. Let’s focus on what brought you in today so we can make sure you leave feeling heard and supported.”

(Reassurance, De-Escalation)

## Applying De-Escalation Techniques:

“Would it help if I gave you an update on what we’ll do next and how much time we’ll need? That way, you can feel more in control of the situation.”

(Empowering the Patient)

## Active Listening:

- Techniques for active listening:
  - Repeat concerns
  - Ask open-ended questions
  - Paraphrase the patient's concerns back to them
  - Acknowledge the patient's point of view
  - Focus on the patient's motivations not actions

## Setting Boundaries:

- How to set clear, non-confrontational boundaries
  - Use “I” statements
  - Set clear expectations
  - Stay firm but empathetic
  - Avoid apologizing for the boundary
  - Use positive reinforcement
  - Remain consistent
  - Be direct and clear
  - Know when to exit the conversation

## Using Distraction and Redirection:

- Strategies for redirecting focus and diffusing tension:
  - Shift focus to solutions
  - Use humor (when appropriate)
  - Reframe the situation
  - Offer choices
  - Practice grounding techniques
  - Use calm, reassuring language
  - Take a break or step back

# *Case Studies*

## Case Study #1:

A 45-year-old patient with chronic pain demands stronger medication. When denied, he becomes agitated, shouting and pacing.

- De-escalation Strategy:
  - Step 1:
    - Acknowledge frustration: “I see you’re in pain, and that must be really hard.”
  - Step 2:
    - Offer empathy: “I want to help you feel better.”
  - Step 3:
    - Set boundaries: “We’ll explore other ways to manage your pain.”

## Case Study #2:

A 55-year-old man has been experiencing persistent headaches and dizziness. He's had several visits over the past two months, and despite numerous tests, no clear diagnosis. Frustrated by the lack of answers, he becomes increasingly agitated during his appointment. He begins raising his voice, accusing the physician and the staff of not taking his symptoms seriously.

- De-escalation Strategy:

- Step 1:
  - Acknowledge frustration: "I can see that you're really upset, and I understand why."
- Step 2:
  - Offer solutions: "Let's look at the next steps we can take to get you some relief. We can discuss another specialist or a different approach to treatment."
- Step 3:
  - Set boundaries: "We need to focus on finding a solution together and deciding what to do next."



# *Integrating De-escalation into Daily Practice*

## Integrating De-escalation into Daily Practice:

- Developing a Personal Action Plan
  - Reflect on recent challenging encounters. What worked? What didn't?
- Building a Supportive Team Environment
  - Encourage communication and collaboration among staff
- Continuous Learning
  - Consider de-escalation programs like SAMA, CPI, or Crisis Prevention Institute

## Developing Policies & Procedures:

- How to communicate with colleagues during an emergency or patient incident
- Assigning roles to staff members
- Developing a “buddy system”
- Supervising the movement of a potentially disruptive patient through your office, practice, or facility
- How to document the situation

# *Conclusion and Key Takeaways*

## Recap of Core Principles:

- Compassion and empathy
- Safety
- Recognize and manage triggers (yours and the patient's)
- Maintain composure

Final Thought:

De-escalation is essential for patient safety  
and quality care.

Small changes can have big impact.

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*QUESTIONS?*

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