



De-escalation: Calming the Crisis

De-escalation techniques **calm one's nervous system**—helping to maintain or regain control of behavior, affect, and physiological functions, like breathing and heart rate, to support a person navigating crisis situations more effectively.

You can use **verbal and nonverbal communication** (what you say, how you present, and what you do) to rapidly **build rapport and create an opportunity** for someone in crisis to safely move through their emotional distress and help return to their **“window of tolerance.”**

Window of tolerance: the stage in the escalation cycle where the person feels like they can deal with the situation at hand. They might feel stress or pressure, but it is not overly burdensome. In this state, they can process intense emotional arousal in a healthy way, allowing them to function and react to stress or anxiety effectively.

When typical coping processes are no longer effective, one's body may trigger hyper- (fight/flight) or hypo- (freeze) arousal responses to restore a sense of safety. People may experience agitation, mood swings, and intense emotions that are overwhelming and difficult to control (emotional dysregulation).

De-escalation serves as a bridge from emotional dysregulation to the window of tolerance, where the person's emotions are regulated, and they feel calm and comfortable. De-escalation techniques use both verbal and non-verbal communication.



What you say, how you present (affect), and what you do all contribute to the de-escalation process.



Use **verbal** communication cues and words to signal safety.

- Speak calmly, slowly, and concisely.
- Restate and paraphrase to make sure you are understanding what the person is communicating and to demonstrate active listening.
- Ask **how** you can be supportive and ask **what** they need.
- Reiterate your role and intention to support them.
- Check that you are being understood and that you are understanding.
- Encourage the use of sensory strategies by suggesting they:
 - Use deep breathing or progressive muscle relaxation (tensing and relaxing muscle groups one at a time)
 - Notice the weight of their feet on the floor, or an object in their hand
 - Notice the colors, textures, sounds, and smells in the environment
 - Name different objects in their surroundings
- Validate the complex feelings of the person by using affirming language (e.g., show understanding and empathy).
- Only ask for details that are essential for providing care.
- Provide options and optimism.
- Encourage connection with a pet and/or natural supports (e.g., friends and family).
- Avoid judgment, victim-blaming, and minimizing the person's experience.
- Avoid challenging questions or assertions.



These de-escalation techniques can be used in a variety of settings, including during telehealth appointments.

Be mindful of cultural differences

Individuals may internalize/ externalize emotions in different ways depending on their cultural background. For example, some cultures externalize acute grief in ways that may present as crisis, when in fact it is an appropriate and healthy response to pain.





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- Empathize by saying something like, “That sounds really hard, but I’m so glad you are sharing this with me. Thank you for trusting me with this information. I’m here to support you, one step at a time.”
- If you are worried about their safety, say something like, “That sounds really hard, and again, thank you for sharing that with me. When you mentioned X, I want to share that I am feeling worried for your safety and well-being. Is it OK if we talk a little more about that?”

Use **nonverbal** communication cues (through **demeanor** and **behavior**) to signal to the person that you care, you are being truthful, and you are listening.



Demeanor

- Listen carefully.
- Give your undivided attention; for example, do not check your phone or watch.
- Be aware of your body language and facial expressions to make sure you do not unintentionally roll your eyes, yawn, sigh, smirk, or grimace.
- Offer eye contact, but do not force it or stare at the person.
- Keep your voice calm and soft.
- Allow silence for reflection.
- Present with an open posture and move slowly.
- Demonstrate empathy and that you want to understand their pain, fear, and other emotions, by nodding and using other physical cues that signal agreement and alignment.



Behavior

- Set limits by modeling and explaining things like personal space, provider-client boundaries, and predictability with time limits.
- Offer acts of kindness (e.g., offer a blanket, magazine, access to a phone, food, or water).
- Avoid giving big reactions or arguing.
- Direct your questions and responses to the individual.
 - For some cultures and/or developmental stages it may also be appropriate and important to acknowledge and include the individual’s family, while continuing to center the individual themselves.

Avoid undue escalation of the crisis.

- Trauma survivors are often forced to repeat their stories to access services, which can escalate a crisis. Be clear about the differences between want-to-know and need-to-know. When in doubt, do not ask.
- Feeling uncomfortable can be confused with feeling unsafe, especially if you panic. For example, calling the police because you think you are unsafe (when you are actually feeling uncomfortable) can result in someone being unjustly criminalized.

Maintain your own window of tolerance.

During a crisis intervention, it can be hard to stay in our own window of tolerance when engaged with someone who is hyper-aroused or hypo-aroused. It can help to remember that the person’s behavior (such as yelling, running away, or stonewalling) is not a personal attack, though it might feel like one. These behaviors are driven by the body’s need to restore a sense of safety. Your job is to support them in feeling safe and emotionally regulated again.

Dublin Rape Crisis Centre (2021). Window of tolerance: illustrating the impact of trauma. Retrieved September 13, 2022, from https://www.drcc.ie/assets/files/pdf/drcc_resource_window_of_tolerance_june_2021.pdf



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