

## BEHAVIORAL HEALTH SERVICES TRAINING SERIES

# BHS-014

## De-escalation Techniques

Participant Guide

Statutory Basis: MN §245I.05 Subd. 3(c)(3) | MN 245D.09 Subd. 4

<b>Course Code</b>	BHS-014
<b>Estimated Duration</b>	1.5 Hours
<b>Passing Score</b>	80%
<b>Audience</b>	DSPs, BHPs, MHRWs, Peer Specialists
<b>Statutory Basis</b>	MN §245I.05 Subd. 3(c)(3); MN 245D.09 Subd. 4
<b>Companion Course</b>	BHS-013 Mental Health Crisis Response

### LEARNING OBJECTIVES

By the end of this course, you will be able to:

- Define de-escalation and explain its purpose in behavioral health and direct care settings
- Describe the neurological basis of escalation and why de-escalation techniques work
- Apply at least eight verbal de-escalation techniques in direct care situations
- Use non-verbal communication strategies that reduce rather than increase threat
- Modify the environment to reduce stimulation and support de-escalation
- Recognize personal triggers and apply self-regulation strategies during difficult interactions
- Distinguish de-escalation from compliance-focused approaches and explain the difference

## SECTION 1: WHAT IS DE-ESCALATION?

### Definition and Purpose

De-escalation is the use of verbal and non-verbal communication techniques, environmental modification, and relational presence to reduce the emotional and physiological intensity of a person in distress. The goal of de-escalation is not compliance — it is calm. A person who complies because they are afraid has not been de-escalated. A person who returns to regulation because they feel safe and heard has.

De-escalation works because it addresses the underlying physiological state that is driving the crisis behavior. When a person's nervous system is in a state of threat — what is sometimes called the fight, flight, or freeze response — the rational thinking parts of the brain are essentially offline. De-escalation is the process of helping a person's nervous system return from threat to safety, at which point reasoning, cooperation, and communication become possible again.

**KEY PRINCIPLE:** You cannot reason with a nervous system in crisis. You can only help it regulate. De-escalation comes before conversation.

### What De-escalation Is NOT

- De-escalation is not giving in to demands or reinforcing dangerous behavior
- De-escalation is not therapy — you are not diagnosing or treating a mental health condition
- De-escalation is not the same as ignoring dangerous behavior — safety is always the first priority
- De-escalation is not weakness — it requires significant skill, self-regulation, and patience
- De-escalation is not always sufficient — some situations require additional resources and support

## SECTION 2: THE NEUROSCIENCE OF ESCALATION

### Why People Escalate — and Why It Matters for Your Response

To de-escalate effectively, you need to understand what is happening in the brain during escalation. This is not abstract science — it directly explains why certain responses work and others make things worse.

The human nervous system has a built-in threat response system. When the brain perceives danger — physical, emotional, or social — it activates a survival response. Heart rate increases. Breathing becomes shallow and rapid. The muscles tense. The brain prioritizes survival over

communication. This response is automatic and involuntary. The person in crisis is not choosing to be dysregulated.

When Threat Response Is Active	Implications for Your Approach
Rational thinking is reduced	Logical arguments will not work — save reasoning for the calm stage
The person cannot process complex language	Use short, simple sentences — one idea at a time
Physical sensations are heightened	Sudden movements, loud sounds, and close proximity amplify threat
Empathy and social cues are impaired	The person may not accurately read your intentions — be explicit and calm
The response is involuntary	Do not treat escalation as a choice or a character flaw

The most important implication: your calm is neurologically contagious. Co-regulation is the process by which one person's regulated nervous system helps another person regulate. When you remain calm, you are actively helping the other person's brain find its way back to safety. This is why staff self-regulation is not optional — it is the mechanism by which de-escalation works.

## SECTION 3: VERBAL DE-ESCALATION TECHNIQUES

### What You Say — and How You Say It

Research consistently shows that how you speak during a crisis matters more than what you say. Your tone, pace, and volume are more powerful than the specific words you choose. That said, specific verbal approaches are significantly more effective than others.

Technique	How to Apply It
<b>Tone &amp; Volume</b>	Speak in a low, calm, steady voice. Never match the person's volume or emotional intensity. Your voice sets the temperature of the interaction.
<b>Pacing</b>	Slow your speech deliberately. Rapid speech signals urgency and activates the threat response. Measured, unhurried speech communicates safety.
<b>Validation</b>	Acknowledge feelings without endorsing behavior. 'I can see you're really upset right now' is powerful. 'You shouldn't feel that way' is harmful.
<b>Simple Language</b>	Use short, simple sentences during escalation. The brain under stress cannot process complex information. One idea at a time.
<b>Limited Choices</b>	Offering two simple choices restores a sense of control: 'Would you like to stay here or go to your room?' Control reduces threat.
<b>Avoid Arguments</b>	Never argue during escalation. You will not win, and winning is not the goal. The goal is calm, not compliance.
<b>Name Use</b>	Use the person's preferred name gently and occasionally. It anchors them to the relationship and the present moment.
<b>Open Questions</b>	When appropriate, use open questions to understand what the person needs: 'What would help right now?'

### Language That Escalates — Avoid These

- "Calm down." — Commands do not produce calm; they often produce the opposite.
- "You need to..." / "You have to..." — Demands during escalation increase resistance.
- "I understand how you feel." — Hollow validation without evidence of listening.
- "If you don't stop, I will..." — Threats during escalation create more danger.
- "This is not a big deal." — Minimization invalidates the person's experience.
- "Last time you did this, you lost your privileges." — Consequences during peak escalation fuel the fire.

## SECTION 4: NON-VERBAL DE-ESCALATION TECHNIQUES

### Your Body Communicates More Than Your Words

Studies of human communication consistently show that non-verbal signals — body posture, proximity, facial expression, movement — carry significantly more weight than spoken words. In a crisis, when rational processing is reduced, the person in distress is reading your body, not your words. Make sure your body is saying the right things.

Technique	Application
<b>Personal Space</b>	Increase physical distance during escalation. Closing in reads as threat. Give the person room.
<b>Body Language</b>	Uncross arms. Drop shoulders. Angle your body slightly away rather than square-on. Remove body language that signals confrontation.
<b>Eye Contact</b>	Maintain soft, intermittent eye contact — not a fixed stare. A stare can read as challenge or threat.
<b>Movement</b>	Move slowly and predictably. Sudden movements startle. Announce your movements: 'I'm going to step back a little.'
<b>Facial Expression</b>	Keep your expression neutral and warm. Visible frustration, fear, or judgment is contagious and escalating.
<b>Positioning</b>	Never block a doorway or corner a person. Always ensure the person has an exit route. Entrapment accelerates crisis.

## SECTION 5: ENVIRONMENTAL DE-ESCALATION

### Modifying the Environment to Support Regulation

The physical environment plays a significant and often underestimated role in crisis escalation and de-escalation. A chaotic, overstimulating, or crowded environment amplifies the threat response. A calm, low-stimulation environment supports regulation.

Strategy	How to Apply It
<b>Reduce Stimulation</b>	Lower noise levels. Turn off TVs or radios. Ask others to leave the immediate area. The nervous system in crisis is hypersensitive to input.
<b>Remove Hazards</b>	Quickly and calmly remove objects that could become projectiles or weapons if you can do so without drawing attention.
<b>Reduce Audience</b>	Observers — other clients, staff, family members — amplify the emotional intensity for everyone. Clear the area.
<b>Offer Comfort Options</b>	If the person has preferred items or spaces that provide regulation (a specific chair, a weighted blanket, a quiet room), make them available.

**Lighting & Temperature**

When possible, dim bright lighting and moderate temperature. These environmental factors affect physiological arousal.

## SECTION 6: STAFF SELF-REGULATION

### You Cannot Regulate Others Without Regulating Yourself First

This is the most overlooked aspect of de-escalation training: your own state matters as much as your technique. If you are anxious, angry, or triggered during a crisis, your nervous system communicates that to the person you are trying to help — and it undermines everything else you are trying to do.

### Recognizing Your Own Triggers

Every person has specific triggers — situations, words, tones, or behaviors that activate their own threat response. In direct care, common staff triggers include:

- Being sworn at or personally threatened
- Witnessing self-injurious behavior
- Property destruction or loud environments
- Feeling powerless or unable to help
- Feeling personally responsible for the crisis

Knowing your personal triggers before you encounter them allows you to prepare, recognize them in the moment, and make a conscious choice about your response.

### In-the-Moment Self-Regulation Strategies

- **Controlled breathing:** Breathe in for 4 counts, hold for 4, out for 6. This activates the parasympathetic nervous system.
- **Physical grounding:** Feel your feet on the floor. Notice your surroundings. This anchors you in the present.
- **Slow your movement deliberately:** Moving slowly activates a calming physiological response.
- **Remind yourself of your role:** 'My job right now is to be the calm one.'
- **Give yourself permission to pause:** A brief silence is not weakness. It allows you to choose your next action intentionally.

**YOUR CALM IS THE INTERVENTION.** Before you speak, before you act — regulate yourself. The most powerful de-escalation tool in any situation is a staff member whose nervous system is regulated.

## SECTION 7: PRACTICE SCENARIOS

Read each scenario and identify the de-escalation techniques you would use. Write your responses in the spaces provided.

### Scenario 1

You arrive for your afternoon shift and immediately notice that one of the people you support is pacing the hallway rapidly, avoiding eye contact, and muttering under his breath. When you say hello, he snaps, 'Leave me alone!' You know he had a phone call with his family earlier that did not go well.

**What warning signs are present? What stage of the escalation cycle is this?**

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**What de-escalation techniques would you use? List at least three.**

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### Scenario 2

A person you support is in the kitchen and becomes extremely upset when she discovers her preferred snack is missing. She begins shouting, slams a cabinet door, and yells, 'Nobody cares about me here!' Two other residents are in the adjacent living room watching television.

**What environmental modifications would you make first?**

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**What verbal and non-verbal techniques would you use? What would you avoid saying?**

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### Scenario 3

You notice you are feeling frustrated during a difficult interaction — the person is refusing to cooperate with medication time for the third day in a row, and your shift ends in 20 minutes. You feel your jaw tightening and your voice getting sharper.

**What is happening physiologically, and what should you do first?**

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**What self-regulation technique would you use in this moment?**

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## QUICK REFERENCE — DE-ESCALATION AT A GLANCE

<input checked="" type="checkbox"/> USE THESE	<input type="checkbox"/> AVOID THESE
Lower your voice and slow your speech	"Calm down"
Increase physical space	Arguing or reasoning during peak
Acknowledge feelings: 'I can see you're upset'	"You need to..." / "You have to..."
Offer limited, clear choices	Threats or ultimatums during escalation
Remove stimulation from the environment	Physical proximity or blocking exits
Regulate yourself first	Taking escalation personally
Use the person's preferred name gently	"This is not a big deal"
Get help when needed — call your supervisor	"Last time you did this..." (consequences at peak)

**WHERE COMPLIANCE MEETS COMPASSION**

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