De-Escalation Standards

Program: Behavioral Health Day Treatment / Partial Hospitalization Program

Effective Date: March 15, 2026

Review Date: March 15, 2027

Responsible Party: Clinical Director / Director of Medical & Clinical Services

Purpose

To establish standardized expectations for the use of verbal and behavioral de-escalation techniques to prevent or reduce behavioral crises and maintain a safe therapeutic environment for individuals served, staff, and visitors.

Policy

Staff will use evidence-informed de-escalation techniques as the primary approach for managing agitation, emotional distress, or escalating behavior. The goal of de-escalation is to reduce the intensity of a situation while preserving dignity, safety, and therapeutic engagement.

Principles of De-Escalation

De-escalation efforts should follow these guiding principles:

- Maintain a calm and respectful demeanor
- Use person-centered communication
- Promote emotional safety
- Avoid confrontation or power struggles
- Encourage collaboration and problem solving
- Focus on stabilization and safety

Early Identification of Escalation

Staff should remain alert for early warning signs of agitation or escalating distress, such as:

- Raised voice or hostile tone
- Increased anxiety or agitation
- Rapid speech or pacing
- Withdrawal or sudden mood changes

• Verbal threats or aggressive language

De-Escalation Techniques

Staff may utilize the following techniques:

• Speak calmly and clearly

• Use active listening and validation of feelings

• Offer choices when appropriate

• Reduce environmental stimuli

• Encourage the individual to take space or practice coping skills

• Maintain appropriate physical distance and non-threatening body language

Environmental Safety

Staff should assess the environment and attempt to reduce factors that may contribute to escalation. This may include moving to a quieter area, removing unnecessary stimuli, or ensuring safe physical space between individuals.

Team Response

If an individual's behavior continues to escalate, staff should notify additional team members or supervisors as appropriate. Team members may assist with maintaining safety, providing support, and implementing crisis intervention procedures when necessary.

Use of Crisis Intervention Procedures

If de-escalation attempts are unsuccessful and safety concerns increase, staff must follow established crisis intervention and emergency response procedures, which may include contacting supervisors or emergency services when appropriate.

Documentation Requirements

Incidents involving significant behavioral escalation or crisis intervention must be documented in the clinical record and may include:

• Description of the situation

• De-escalation strategies attempted

• Individual response to interventions

• Outcome of the situation

• Any follow-up actions required

Staff Training

Staff involved in direct services should receive training in de-escalation techniques, trauma-informed care principles, and crisis intervention procedures appropriate to their role.

Quality Monitoring

De-escalation practices may be reviewed through supervision, incident reports, and quality improvement activities to ensure staff utilize appropriate techniques and maintain safe treatment environments.