




# **Verbal Deescalation: A Study Guide**

By Erica Armbruster

University of Pittsburgh



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# What is Verbal Deescalation?

Verbal deescalation, plainly, is calming a person down by talking. When used properly, it can prevent an arguing situation from becoming a physical fight. It can help to diffuse a negative situation. The methods used are strictly non-physical methods. Because of its soothing nature, it is good to use with teenagers. It can help to defuse arguments. If used, it can give time for a teen and parent to think about a situation and talk about it in a calm emotional state.

Teenagers like to argue. They enjoy risk-taking behaviors. They also like behaviors that arouse them emotionally. Arguing with a parent meets all of these needs. Think about the things that you argue with your teenager about. Are the arguments about both big issues and small issues? Every time you argue back, does your teen continue to argue? Does it feel like you are bull fighting with your teen? When they hold up the red flag, do you charge at them and continue arguing? Does it take your teen a short time to become upset with you? Does it happen frequently? Chances are you answered “yes” to many of these questions. If you feel as though you spent a lot of time arguing with your teen, this is the technique for you!

Thankfully, the methods can be used in a variety of places you might find yourself with your teen. Think about the places you might be with your teen. You can use these techniques at home. They can be used in doctor’s offices, stores, or restaurants. Maybe you are at school with your teen and start arguing. These methods can be used just about anywhere that you may go with your teen! As long as you can talk to your teen, you can use this intervention.



# Glossary

- Deescalation:** a process of resolving an emotional situation, such as an argument. It prevents the situation from getting worse or becoming physical.
- Evidence-based practice:** strategies grounded in research that have been tried and tested with data proving its effectiveness.
- Intervention:** a method used with a child or teen to change a behavior or emotion. It may also be used to help a child academically.<sup>1</sup>
- Reinforcer:** anything that ensures a behavior will continue. Reinforcers may keep a positive or negative behavior occurring.

<sup>1</sup> Kerr, M. M. & Nelson, C. M. (2010). *Strategies for addressing behavior problems in the classroom, 6th Edition*. Columbus, Ohio: Charles E. Merrill Publishing Company.



# Dos and Don'ts

## DO...

- Remain calm
- Use positive body language
- Take a step back
- Recognize the teenager's feelings
- Use "I" statements
- Suggest talking about the issue at a later time

## DON'T...

- Raise your voice
- Continue to argue
- Use negative body language
- Give ultimatums
- Use sarcasm to defuse the situation
- Use this method if the person has a weapon



# Case Study

## Jack and Mrs. Ivy

Jack is 16 years old and has just started driving. Ever since he has become a teenager, Mrs. Ivy feels as though all she does is argue with Jack. It seems like the arguments get out of hand, and Mrs. Ivy is frustrated. On Friday, Jack came home and asked Mrs. Ivy to stay at a friend's house that night with the car. Mrs. Ivy was busy making dinner. Immediately, Jack began to argue with his mom about going out. Here is how their conversation went:

“I don't want you staying out all night at a friend's house. You can't be trusted having the car out all night long. You just started driving.”

“But MOM! That's not FAIR.”

“Jack, I am your mother. I don't need to be fair. I want to do what is best for you. And I don't want you to go.”

“You make me so MAD. I'm going to go no matter what you say.”


“If you go to Brian's tonight, you are grounded indefinitely. I'm trying to make dinner and you don't make it easy when you come home and start fighting with me!”

“FINE. But why can't I go? Why won't you let me do anything? You treat me like a child!”

“I do not treat you like a child. But you are my child. You don't listen when I want you to come home. You stay out until you feel like it and I'm sick of it. You can't do whatever you want.”

“You are always so unfair. You never let me do what I want so I have to stay out and do what I want. You'll never understand me. You never even listen to me!”

With that, Jack stormed to his room and slammed the door. Mrs. Ivy put her head down on the table in frustration.



## Let's look at this situation with Mrs. Ivy using verbal deescalation...

Let's use verbal deescalation to allow Mrs. Ivy and Jack to work out this fight. This is how Mrs. Ivy should handle this situation in the future. Mrs. Ivy should stop making dinner, and focus just on her son, Jack.

"I worry about you spending the night at a friend's house with the car. I worry that you boys will have the car out too late."

"But MOM! That's not FAIR."

"Jack, I can tell you are feeling frustrated. I am also feeling nervous about the situation."

"YOU MAKE ME SO MAD. I'm going to go no matter what you say."

"I can give you a choice. I don't feel comfortable with you taking the car overnight yet, but you can stay if we can drop you off. Your other choice is to take the car and go over, but you have to come home tonight and you may not drive anyone anywhere. If you choose this option, we will even extend your curfew a little tonight."

"Those are my choices? Why can't I get what I want?"

"Jack, this is a way for me to allow you to gain a little bit of my trust. If I see that the car is home on time, next time maybe we can trust you even more."

"But MOM. I really want to stay out with the car tonight!"

"I can see you are starting to get angry again. When you have calmed down and I have finished making dinner, why don't we sit down and talk? That way, I can give you my full attention."

With that, Jack walked to his room, clearly frustrated, but with time to cool down.



# Discussion Questions

What would you have done in Mrs. Ivy's situation?

Does your teen like to argue? Do they always have to get in the last word?

Put yourself in Jack's shoes. How do you think he is feeling when his mother continues to make dinner and argue with what he wants to do?

After learning about verbal deescalation, do you think this is a technique that may be useful in your house?

When you give a teen an ultimatum instead of reasonable choices, how do you think they feel?

What physical signs does your teen emit when they are beginning to get upset?





# FAQs

**Q: Should I attempt to use verbal deescalation with a person who has become violent?**

A: No. Verbal deescalation should only be used with a person who is not physically violent.

**Q: What is the most important thing to remember about verbal deescalation?**

A: Continuing to argue with a teenager will just make the situation worse. Recommend talking at a later time when both you and the teen have calmed down.

**Q: What can my teen learn when I use verbal deescalation?**

A: Teenagers learn appropriate problem-solving techniques. When you model these skills consistently, your teen is more likely to do so. By modeling this method to your child, you are showing them how to avoid arguments.

**Q: Where can I use verbal deescalation?**

A: You can use it anywhere you go with your teen. You may use it in your home, at school, doctor's offices or malls.

**Q: What is positive body language?**

A: Positive body language involves the way you stand. Keep your hands relaxed at your side. Keep your facial expressions neutral. Appear calm and confident. You want to look as non-threatening as possible.



# Annotated Bibliography

Anderson, L. N., & Clarke, J. T. (1996). De-escalating verbal aggression in primary care settings. *Nurse Practitioner*, 21(10), 95-107.

Leslie Anderson was an associate professor in the Yale School of Nursing at the time of publication. Her coauthor was a psychiatric liaison nurse in Cleveland, Ohio at the time of publication. Anderson begins this article by giving an overview of aggressive behaviors often encountered by health care providers. She gives behavioral cues and warning signals that one may look for when deciding whether a situation may escalate. Anderson gives preventative tips for health care workers, including verbal and non-verbal dos and don'ts. One main point from the article includes noticing the warning signs of aggression and being able to intervene and calm down the patient using verbal deescalation techniques given. This article will be extremely useful when helping parents understand escalating situations. It gives tips on behaviors and language to look for, and methods to use in order to address these warnings. While the article is addressed toward those working in the health care field and not toward parents, the information and techniques used may still be applied to a home setting, making this article useful.

Heiman, T. (2002). Parents of children with disabilities: Resilience, coping, and future expectations. *Journal of Developmental and Physical Disabilities*, 14(2), 159--171.

Tali Heiman is a faculty member at The Open University of Israel, working in the Department of Education and Psychology. In her study, Heiman interviewed parents of children with disabilities to determine their resiliency, focusing specifically on concerns and worries about supporting their children and expectations for the future. Heiman was able to identify many feelings of parents of children with disabilities: "depression, anger, shock, denial, self-blame, guilt or confusion" (168). Heiman tries to direct the reader to focus on the positive aspects of the families' relationships and the ways that families work together and succeed, rather than focusing only on the stressors and frustrations. She also discusses her finding that parents felt optimistic for the child and the child's future, while still keeping a realistic view. Heilman also found that three factors contributed to parents' resiliency when parenting a child with a disability. They include communication between family and support systems, a positive relationship between parents, and a consistent and responsive support system for the family in many domains (educational, psychological, and therapeutic). This article is useful in preparing my presentation because it focuses on the beliefs and worries of parents of children with disabilities. While verbal deescalation does not directly focus on children with disabilities, parents of adolescents may be just as stressed and confused as parents of children with disabilities. In order to remain resilient, I believe that

parents of adolescents must also need the same supports as those parents of children with disabilities.

Montgomery, D. J. (2005). Communicating without harm: Strategies to enhance parent-teacher communication. *Teaching Exceptional Children*, 37(5), 50.

Donna J. Montgomery is an associate professor at the University of Nebraska at Kearny. She teaches in the Department of Teacher Education and Special Education. Montgomery focuses specifically on communicating with parents, from a teacher's standpoint, of children with ADHD. She begins by giving a background and some research findings on ADHD and its prevalence. As a segue into discussing communicating with parents of children with ADHD, the author focuses on the hereditary findings of ADHD, specifically that many parents of children with ADHD may also have ADHD. Montgomery breaks down the different pieces of ADHD, giving a short background of each and tips for communicating with parents on this aspect of the disability. The aspects Montgomery focuses on include hyperactivity, impulsivity, mood swings, disorganization, temper, and low stress tolerance. Some of the main points of the article that will be useful in my communication with parents include keeping parents informed with regular conferences, asking parents for advice on the things that work for them at home, and understanding the stress and negativity (due to the child's disability) that these parents face daily. While my topic focuses on verbal deescalation with adolescents, knowing ways to help identify with parents and their daily struggles will help me to write my presentation for my audience.

Park, J. H., Alber-Morgan, S. R., & Fleming, C. (2011). Collaborating with parents to implement behavioral interventions for children with challenging behaviors. *Teaching Exceptional Children*, 43(3), 22-30.

Ju Hee Park is an assistant professor in the Special Education Department at Wheelock College in Boston, MA. Park's co-authors, Sheila R. Alber-Morgan and Courtney Fleming, are both at The Ohio State University, working as an associate professor and a doctoral student, respectively. This article begins by giving an overview on understanding parents and the struggles that they face when dealing with a child who exhibits challenging behaviors. Park writes about keeping parents involved in the planning and implementing of interventions for unwanted behaviors. When parents understand the process of the behavioral approach, they can successfully and consistently implement these interventions at home. When dealing with informed parents versus parents who do not understand the behavioral approach, parents can also learn to examine a child's behavior and understand the antecedents and consequences. Park continues by giving tips on how to teach parents to become interventionists and to respond to problem behaviors. The many ways in which parents may be trained to continue interventions at home include modeling, guided practice and using frequent and specific feedback. One main point at the end of the article, though, states that collaboration with parents may not always lead to success, but it is still important to keep parents informed and active in the role of interventions.

This article is useful for my topic of verbal deescalation because I am specifically focusing on parents as my target audience. It is important to know many ways to teach parents to be interventionists at home, and how to do so consistently. This is the heart of my PowerPoint - teaching parents how to successfully use the techniques I will be teaching them about.

Smith, S. L. (2002). What do parents of children with learning disabilities, ADHD, and related disorders deal with? *Pediatric Nursing [NLM - MEDLINE]*, 28(3), 254-257.

Sally Smith, the founder and director of The Lab School of Washington is also the head of the graduate program in special education and learning disabilities at American University in Washington, DC.

This article discusses coping with a child's disability (specifically ADHD and learning disabilities) from a parent's perspective. It begins by talking about the neurobiological basis for ADHD and learning disabilities, ensuring that parenting are not at fault for the disability. The article continues by discussing the many daily hardships and emotions that parents of children with disabilities might face – guilt, fear, sadness, exhaustion, confusion, and inadequacy, to name a few. Continuing on, the article shifts to discuss the families of children with special needs and the stressors that may be placed upon them on a daily basis. The remainder of the article addresses techniques and ideas parents can use daily to help reduce some of the stress and unexpected behaviors that come from parenting children with special needs. The article addresses creating daily schedules and routines, preparing for social situations, and promoting positive self-esteem and feelings of empowerment for children with special needs. The article concludes by recognizing the toll that raising a child with special needs takes on an adult's emotional well-being. The author encourages parents to take care of themselves by paying special attention to nurturing themselves and finding humor and enjoyment in life whenever possible.

This article is useful for my presentation and study guide because our audience is specifically parents of children with emotional and behavioral disorders (i.e., children with a type of disability). In order to identify with and help these parents, professionals need to know the background information on the emotions and thoughts that these parents may be experiencing.