

**HUDDLE
CARD
SERIES**

Confronting Bias, Stigma, and Racism in Care for Patients with Chronic Pain

Module 6: Skill Building – De-Escalation

How to use this resource

This resource can be used to facilitate a 15–20-minute lesson on de-escalation at a clinic huddle or all-staff meeting. While it was designed with a focus on chronic pain, the content is applicable to all patient care. This resource is part of a 6-part [huddle card series on confronting bias, stigma, and racism in care for patients with chronic pain](#). We revised this module on de-escalation into a stand-alone resource because providers told us they found this content especially valuable.

What is de-escalation?

- De-escalation is behavior that can reduce the tension of a conflict or other tense situation.
- De-escalation involves meeting strong emotions such as aggression, anger, or sadness with calm and kindness. It is a skill that requires practice.
- As long as the person is not an immediate threat to themselves or others, there is time to try to diffuse or de-escalate the situation.

Why is de-escalation important when caring for patients with chronic pain?

- We can expect conflict and strong emotions to come up in the clinic setting. We should be prepared to handle these situations as best as possible.
- Patients and their families who are experiencing loss, fear, extreme pain, or chemical dependency/withdrawal may present with difficult or even threatening behaviors.
- Chronic pain is sometimes associated with trauma such as abuse history or PTSD. Approximately 15% to 35% of patients with chronic pain also have PTSD.¹ Using a trauma-informed care approach requires us to anticipate the needs of these patients and meet them with extra empathy and support.^{2,3}
- As discussed in previous modules, patients with chronic pain may experience bias, stigma, and/or racism within the healthcare system because of their identities or appearance. If you feel tensions rising in a visit (for example, if a patient becomes emotional when they are describing their pain experience), take a moment to reflect on how you are interpreting the situation and whether your assessment could be driven by implicit biases. Knowingly or unknowingly acting on bias, stigma and/or racism is likely to escalate a situation.

Patient Perspective

When I talk about my chronic pain, I often get emotional. My pain has prevented me from doing things that I love; it alienates me from my friends and family. In a visit with my provider, I was describing my pain, speaking passionately, and talking with my hands. He told me I was too worked up and called a security guard to escort me out. It was humiliating. Everyone was looking at me like I'd done some horrible thing. It was all I could do not to burst into tears in the waiting room.

¹ U.S. Department of Veterans Affairs. Chronic pain and PTSD: a guide for patients. https://www.ptsd.va.gov/understand/related/chronic_pain.asp

² Afari, N., Ahumada, S. M., Wright, L. J., Mostoufi, S., Golnari, G., Reis, V., & Cuneo, J. G. (2014). Psychological trauma and functional somatic syndromes: a systematic review and meta-analysis. *Psychosomatic medicine*, 76(1), 2–11. <https://doi.org/10.1097/PSY.0000000000000010>

³ Herrera-Escobar, J. P., Apoj, M., Weed, C., Harlow, A. F., Al Rafai, S. S., Lilley, E., Kasotakis, G., Brasel, K., Kaafarani, H., Velmahos, G., Salim, A., & Haider, A. H. (2018). Association of pain after trauma with long-term functional and mental health outcomes. *The journal of trauma and acute care surgery*, 85(4), 773–779. <https://doi.org/10.1097/TA.00000000000002017>



Strategies and Resources

Strategies	
Stay calm	Make your voice and body language as calm and non-threatening as possible. The tone of your voice is more important than the words you use.
Listen	Give the person your undivided attention and let them know you are listening to them. Make your body language and facial expressions as nonjudgmental as possible.
Tolerate silence	Silence could de-escalate a situation all by itself. A moment of silence could give an upset person a moment to mentally step back from the situation and think more clearly.
Acknowledge feelings	Verbally identify what the person wants or feels. You can say, "I know you are feeling frustrated," or "I can see that you feel strongly about this."
Show empathy	Reflect back what you are hearing from them and validate their experiences. Saying something like "That must be really difficult" or "Wow, I hear what you're saying," could make the person feel heard.
Offer choices	A person may escalate a situation because they don't feel they have other options or because they feel they've lost autonomy or control. This experience may create strong feelings of vulnerability and anxiety. Offering choices and allowing the person to have input on how to proceed can help.
Try something and see how it goes	Anything you do (including doing nothing) may make the situation better, worse, or have no effect. Pay attention to the way things are going and adjust accordingly. If something seemed helpful, do more of it! If something made the situation worse, try something else. De-escalation usually requires making the situation calmer step-by-step.
Respect personal space	Keep your distance from an upset person and make sure they can exit the situation if they want to (i.e., try not to block/stand in the way of doors). Physical tactics such as touching, grabbing, blocking, or restraining someone should only be used when that person is an imminent threat to themselves or someone around them.
Resources	
De-escalating Conflict in the Healthcare Setting	This presentation by Margaret R. Paccione, PhD, Director of Clinical Innovation at Bradley Hospital in Rhode Island outlines some strategies for de-escalating conflict that occurs in the healthcare setting. https://health.ri.gov/materialbyothers/DeEscalatingConflictInTheHealthcareSetting.pdf

Discussion Questions

In small groups of 2-3 people, discuss the following:

- Describe a time (in your personal or professional life) where you've seen someone successfully de-escalate a situation. What happened? What de-escalation strategies did you observe?
- How might you use de-escalation techniques in your practice?
- Why is de-escalation important when it comes to caring for patients with chronic pain?