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De-Escalation & Conflict Resolution Approaches for Families & Care Teams

Today's Panelists

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Course Objectives

Upon completion of each session, participants should be able to:

- Recognize common sources of conflict among families, caregivers, and healthcare providers.
- Apply practical de-escalation techniques during emotionally charged care situations.
- Utilize structured communication tools to improve clarity, collaboration, and problem-solving.
- Strengthen care transitions through aligned expectations and proactive engagement strategies

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Families and Care Professionals

Communication – Conflict

Communication – Conflict

- Different expectations about care
- Communication breakdowns
- Unclear role
- Differences in care priorities
- Resident / Client preferences
- Changes in condition or prognosis
- Disagreements about treatment decisions
- Caregiver stress
- Cultural religious and personal differences
- Loss of trust

Inconsistent Communication

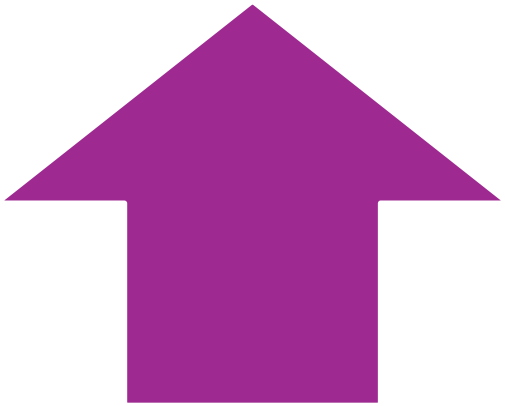
Poor or Inconsistent Communication

Families receive different answers from different providers, therapy, nurse, care coordinator, social service

Unclear Roles

Unclear roles and responsibilities

Family assumes staff will do something; staff assumes family understands the plan; nobody confirms who is responsible



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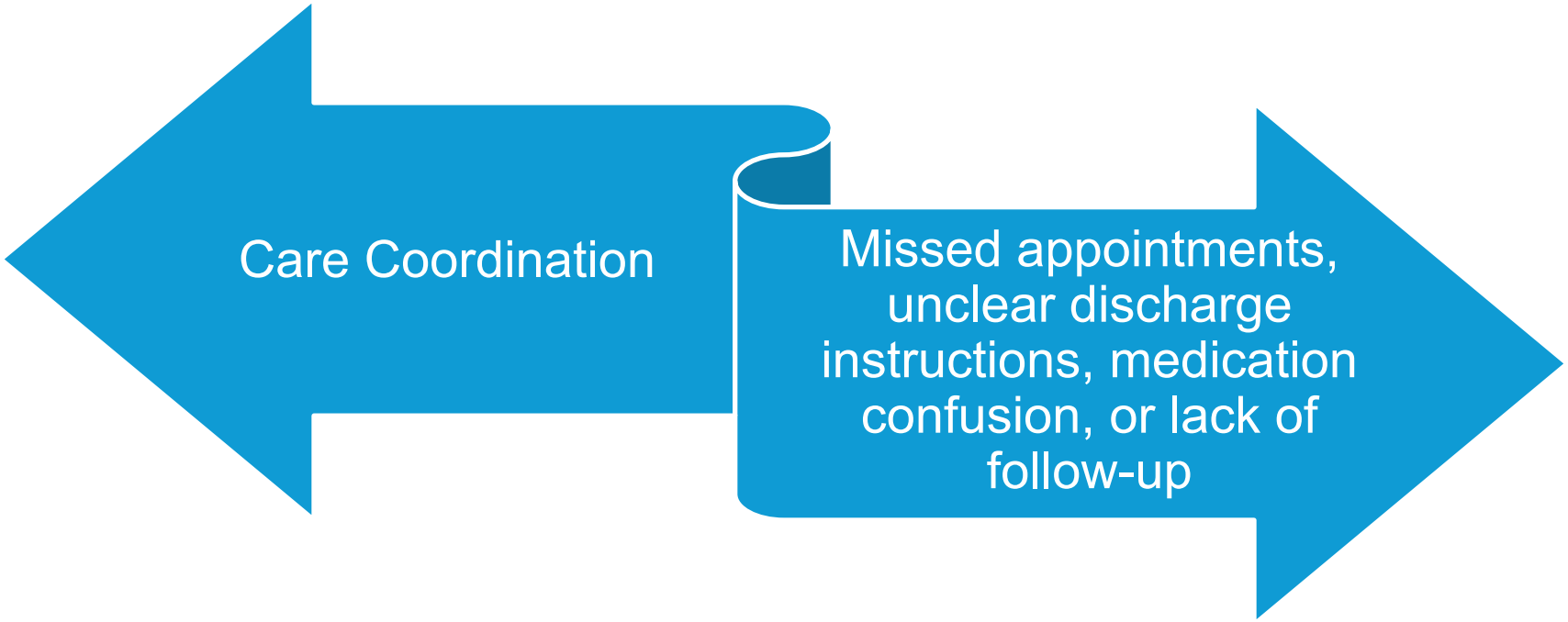
Care Coordination



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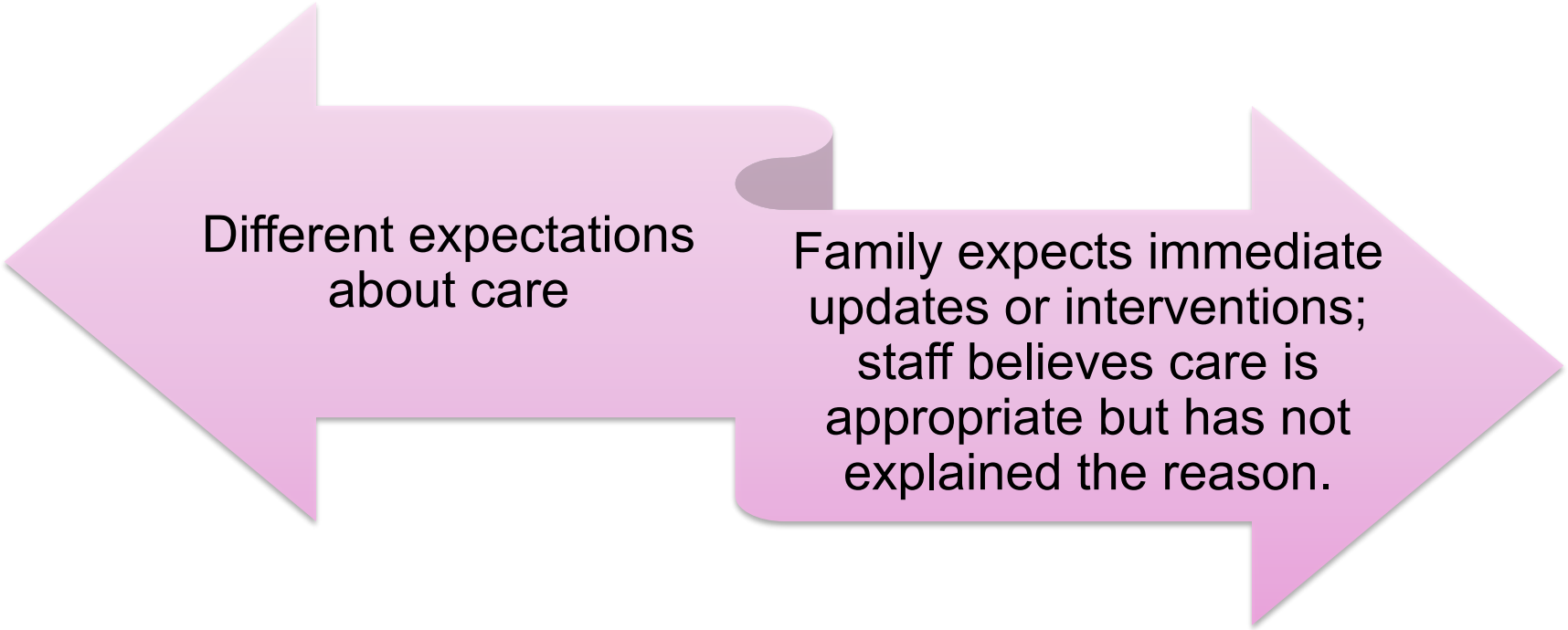
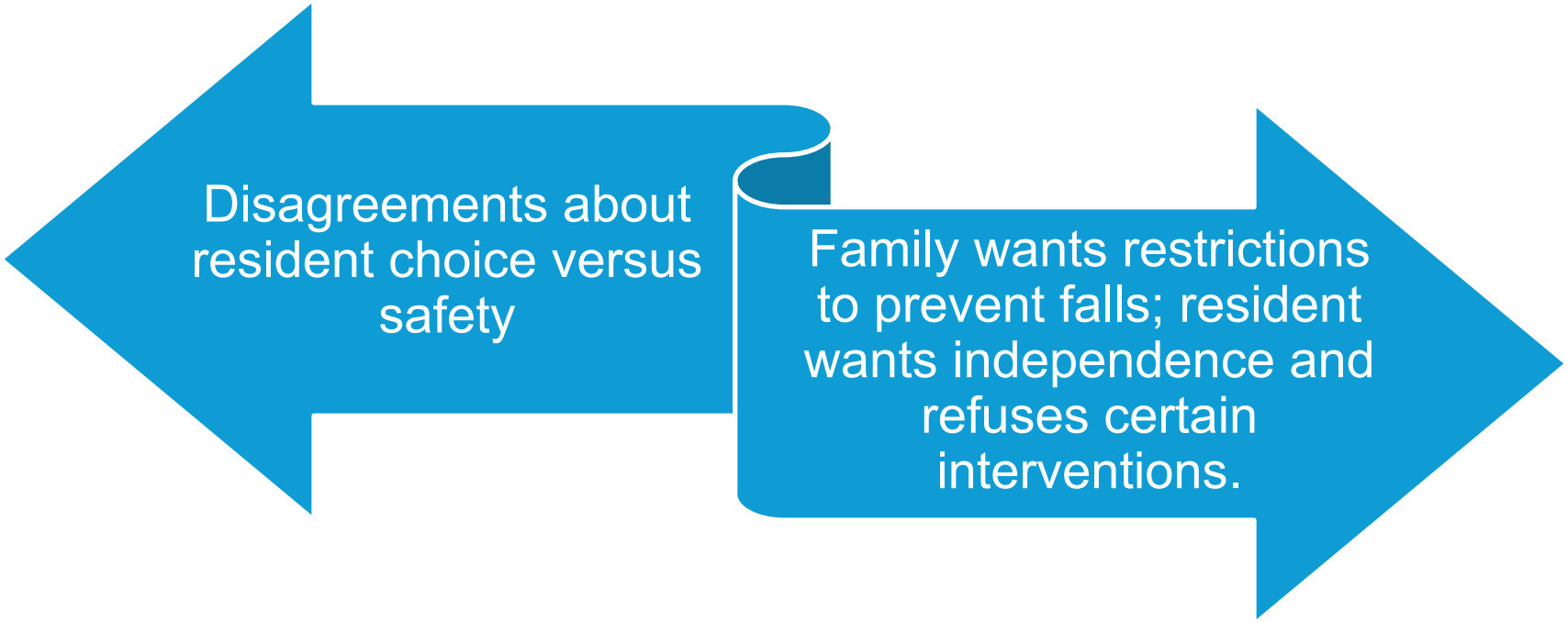
Expectations

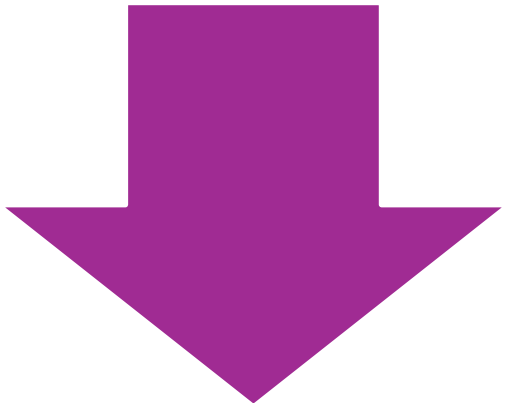


Disagreements



Decision Making

Communication Barriers



Health literacy, culture, language, or sensory impairment

Family does not understand medical terms, resident is hard of hearing, or interpreter services are not used.

Trust

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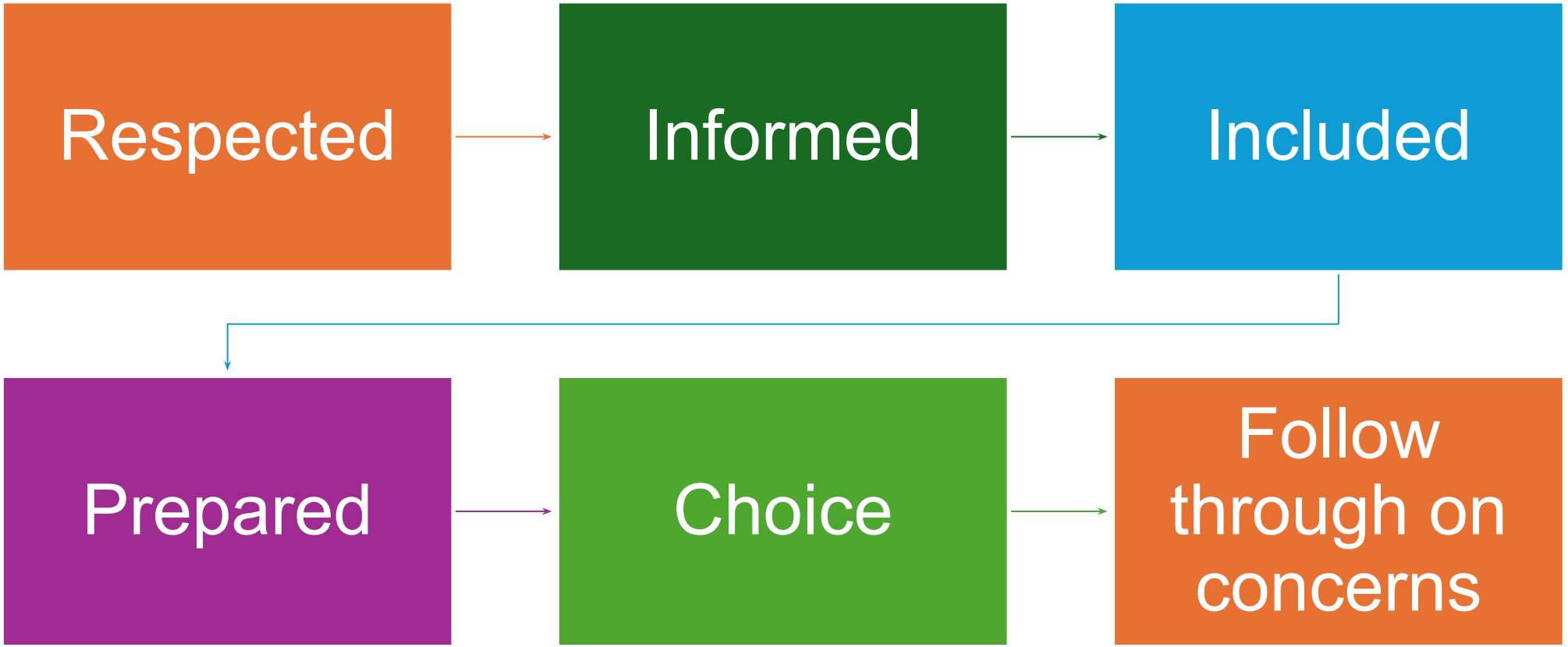
Importance of Trust



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De-escalation Strategies

De-Escalation

Avoid	Avoid aggressive body language
Maintain	Maintain eye contact
Calm	Slow calm breaths
Stand	Stand at a right angle
Speak	Speak calmly

De-Escalation

Teepa Snow's - Positive Approach to Care®

- Knock on the door or table
- Signal your approach
- Open hand, smile (Do not approach until resident / client makes eye contact)
- Call the person by preferred name
- Approach the person from the front
- Offer hand
- Stand to the side of the person
- Greet the person
- Get to the person's eye level
- Deliver the message

Homepage - Positive Approach to Care

Teepa Snow Approaching a Distressed Person

- Do not argue
- Avoid
- Listen
- Allow personal space
- Focus on behavior, not the person
- Do not touch the person
- Do not threaten
- Do not ask “Why”

De-Escalation and the Environment

- Know the environment
- Remove objects that may cause harm
- Maintain the person's public space
- Assess the environment for triggers; TV programs

De-Escalation Communication

- Remain calm and respectful
- Listen without interrupting
- Acknowledge emotions
- Use simple, clear language
- Maintain personal space
- Do not argue or become defensive
- Offer reasonable choices
- Reduce stimulation
- Set respectful boundaries
- Explain the next step
- Allow time to calm
- Seek assistance when necessary

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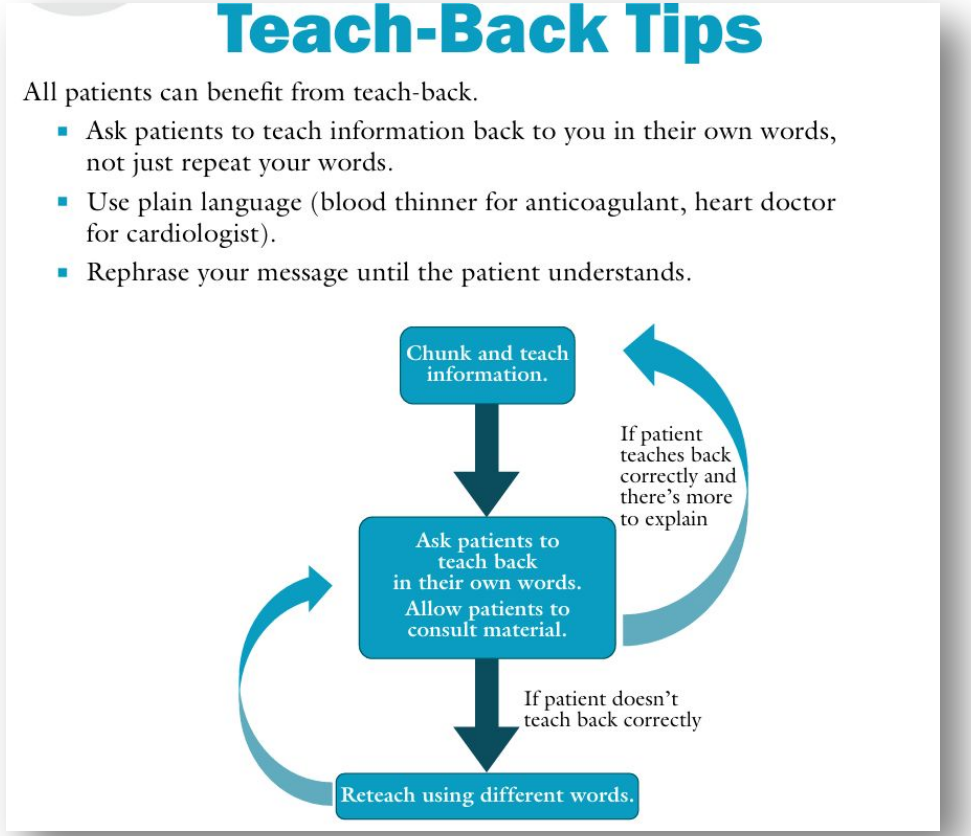
Strategies to Improve Communication

Tips to Improve Communication

- Medication instructions
- A new diagnosis
- Next steps for follow-up testing
- Recommended behavior changes
- Treatment options
- Treatment plans



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Service Concern

- Delayed response
- Missed or delayed family updates
- An incorrect meal
- Lost clothing or personal belongings
- Poor communication between staff and families
- Concerns about staff attitude or conduct
- Delayed care or assistance
- Medication or treatment questions
- Housekeeping or laundry concerns
- Dissatisfaction with care planning or routines

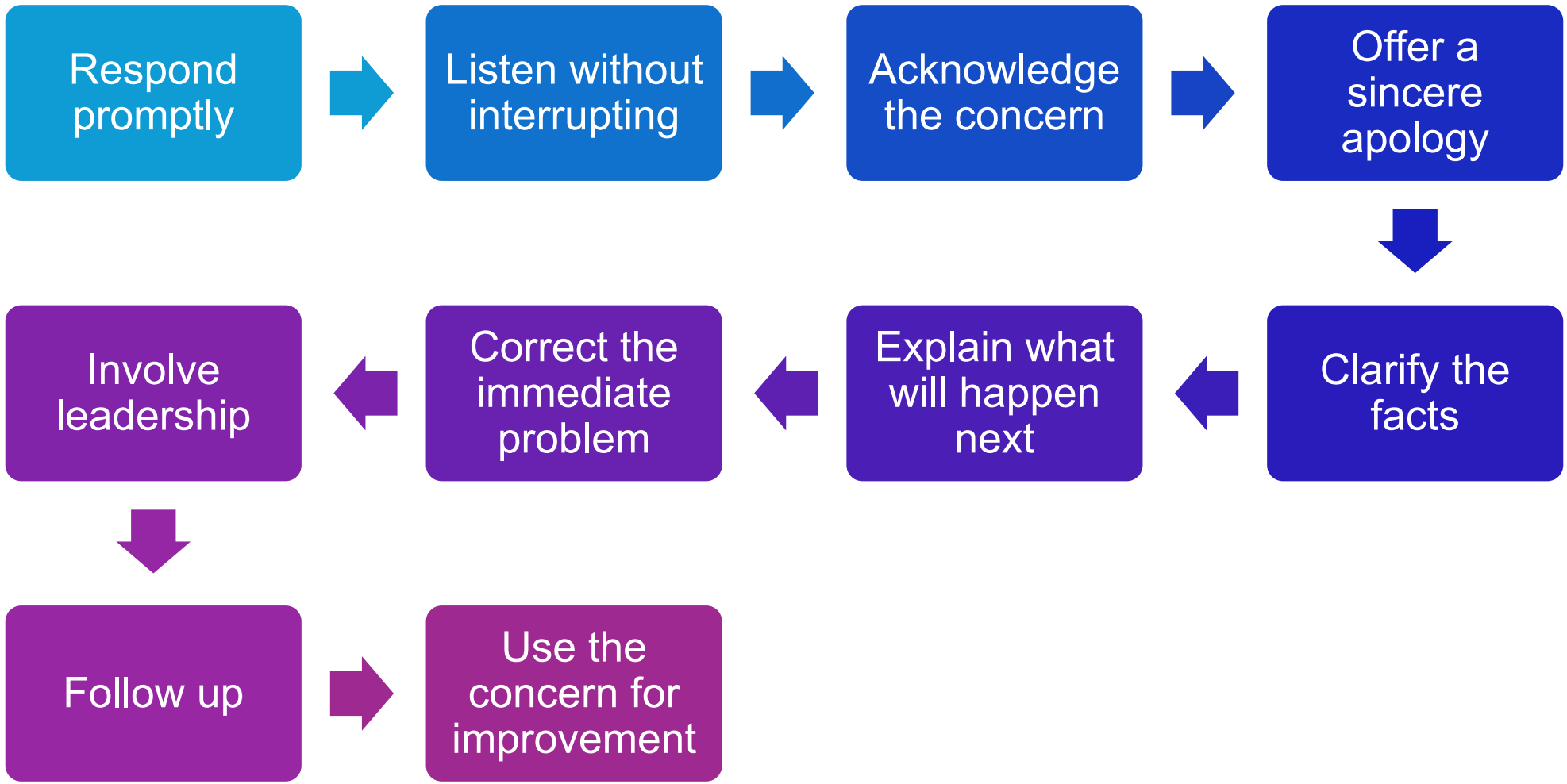
Case Study: Family Concern about Delayed Care

- Mr. Lewis is an 86-year-old nursing home resident who requires assistance with toileting. His daughter arrives for an afternoon visit and finds him waiting for help after using the call light. She becomes visibly upset, raises her voice at the nursing station, and says, “No one is taking care of my father. I have called three times, and I am reporting this facility.”
- The nursing assistant responds defensively and says, “We are short staffed, and everyone is busy.” The daughter becomes more agitated, begins speaking louder, and demands to see the Director of Nursing immediately.

Case Study: Family Concern About Delayed Care

- The charge nurse approaches calmly, maintains a respectful distance, and says, “I can see that you are very concerned about your father. Let’s first make sure he is comfortable, and then I would like to hear exactly what happened.” The charge nurse asks another staff member to assist Mr. Lewis immediately and invites the daughter to speak in a private area.
- The nurse listens without interrupting, acknowledges the daughter’s frustration, and apologizes for the delay. The nurse explains that the concern will be reviewed, identifies who will follow up, and gives the daughter a specific time for the next update. The nurse also completes a resident assessment, documents the concern, notifies the appropriate supervisor, and reviews call-light response times with the care team.

Service Recovery



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Service Recovery Process: LEARN

L- Listen

E- Empathize and acknowledge

A- Apologize and access

R- Respond

N- Notify

Staff Training: Case Study

Mrs. Thomas's daughter arrives at the facility and is upset because she was not notified that her mother refused breakfast and morning medications. The nurse had assessed Mrs. Thomas and contacted the provider but had not yet called the family. The daughter states, "No one communicates with me, and I cannot trust this facility."

Appropriate staff response

The nurse should move the conversation to a private area, listen without interrupting, acknowledge the daughter's concern, and apologize for the delayed update. The nurse should explain the resident's current condition, assessment findings, provider notification, and plan of care. The nurse and daughter should agree on when the next update will occur and who will provide it. The concern and follow-up plan should be documented according to facility procedure.

Discussion Questions

- What contributed to the conflict?
- What should staff say first?
- Did the resident / client require an immediate assessment?
- Who should be notified?
- What communication plan could prevent this concern from recurring?

Immediate Service Recovery

- Providing requested care or assistance
- Correcting a meal or environmental concern
- Clarifying the care plan or treatment rationale
- Contacting the charge nurse, provider, or department manager
- Locating missing clothing or personal property
- Correcting inaccurate information
- Arranging a meeting or care conference
- Establishing a schedule for family updates

Receiving Concern

- Move the discussion to a private location when appropriate.
- Allow the resident / client or family member to explain the concern.
- Remain calm, respectful, and non-defensive.
- Thank the person for communicating the concern.
- Clarify the desired outcome or resolution.
- Avoid discussing confidential information in the presence of unauthorized individuals.

De-escalation Techniques Used

- Approached with a calm voice and nonthreatening body language.
- Acknowledged the daughter’s emotions without arguing.
- Addressed the resident / client immediate need first.
- Moved the discussion to a private and quieter area.
- Listened without interrupting.
- Avoided blaming staff or making excuses.

SERVICE RECOVERY REPORT

Resident and Family Concern Response

Facility		Report No.	
Resident Name		Room	
Date/Time Received		Received By/Title	

1. CONTACT AND CONCERN INFORMATION

Person Reporting		Relationship	
Contact Information		Preferred Contact	☐ Phone ☐ Email ☐ In Person

Category: ☐ Communication ☐ Nursing/Clinical Care ☐ Medication ☐ Dietary ☐ Housekeeping/Laundry
☐ Staff Interaction ☐ Resident Rights ☐ Property ☐ Billing ☐ Other: _____

Description of Concern:

_____

_____

_____

2. IMMEDIATE RESPONSE AND ESCALATION

☐ Listened without interruption ☐ Acknowledged concern and expressed empathy ☐ Apologized for the experience or communication gap	☐ Assessed immediate clinical/safety needs ☐ Corrected the immediate issue when possible ☐ Explained next steps and follow-up expectations

Immediate Actions Taken:

_____

_____

Immediate clinical or safety concern identified? ☐ No ☐ Yes	Protective/clinical action: _____

Notifications: ☐ Charge Nurse ☐ Director of Nursing ☐ Administrator ☐ Provider ☐ Social Services ☐ Department Manager
☐ Grievance Official ☐ Other: _____

3. FOLLOW-UP, RESOLUTION, AND LEADERSHIP REVIEW

Follow-Up Assigned To		Due Date/Time	

Findings and Corrective Actions:

_____

_____

Resident/Family Updated	☐ Yes ☐ No	Date/Time / Updated By	

Outcome: ☐ Resolved ☐ Additional follow-up ☐ Continued monitoring ☐ Care conference ☐ Formal grievance
☐ Investigation/mandatory reporting ☐ QAPI review ☐ Other: _____

Staff Signature/Title		Leadership Review/Date	

Documentation note: Clinical assessments, changes in condition, provider notifications, treatments, and resident-specific interventions must also be documented in the medical record. Service recovery does not replace grievance, incident, abuse/neglect, investigation, or mandatory-reporting procedures.

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SBAR SERVICE RECOVERY REPORT

Structured Resident and Family Concern Response

Facility		Report No.	
Resident Name		Room	
Date/Time Received		Received By/Title	
Person Reporting		Relationship	

Preferred Contact Information: | Preferred Contact Method: ☐ Phone ☐ Email ☐ In Person

S — SITUATION

Concern Category: ☐ Communication ☐ Nursing/Clinical Care ☐ Medication ☐ Dietary ☐ Housekeeping/Laundry
☐ Staff Interaction ☐ Resident Rights ☐ Property ☐ Billing ☐ Other: _____

Brief Description of Concern:

_____

Requested Resolution: _____

Immediate Clinical or Safety Concern Identified? ☐ No ☐ Yes Immediate Protective/Clinical Action: _____

B — BACKGROUND

Relevant Events, Previous Concerns, or Contributing Factors:

Resident Preferences, Care Plan Considerations, or Communication Needs:

Previous Communication or Actions Completed:

A — ASSESSMENT AND ACTION

Service Recovery Actions Completed:
☐ Listened without interruption ☐ Acknowledged concern and expressed empathy ☐ Apologized for the experience
☐ Assessed immediate needs ☐ Corrected the concern when possible ☐ Explained next steps/follow-up
☐ Provided interpreter, hearing, vision, or other communication assistance

Assessment Findings and Immediate Actions Taken:

_____

Individuals Notified: ☐ Charge Nurse ☐ Director of Nursing ☐ Administrator ☐ Provider ☐ Social Services
☐ Department Manager ☐ Grievance Official ☐ Other: _____

Additional Review Required: ☐ None ☐ Formal Grievance ☐ Investigation ☐ Mandatory Reporting ☐ QAPI Review

R — RECOMMENDATION AND RESOLUTION

Recommended Corrective Action or Prevention Strategy:

Follow-Up Assigned To		Due Date/Time	

Resident/Family Updated: ☐ Yes ☐ No Date/Time: _____ Updated By: _____

Outcome: ☐ Resolved ☐ Additional Follow-Up ☐ Continued Monitoring ☐ Care Conference
☐ Formal Grievance ☐ Investigation/Mandatory Reporting ☐ QAPI Review

Final Resolution or Additional Follow-Up:

_____

Staff Signature/Title		Leadership Review/Date	

Documentation Note: Clinical assessments, changes in condition, provider notifications, orders, treatments, and resident-specific interventions must also be documented in the medical record. This report does not replace required grievance, incident, abuse/neglect, investigation, or mandatory-reporting procedures.

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Training Strategies for Care Team Success

Best Practice Training Approaches

Training Caregivers to Navigate Challenging Conversations

- Embed **empathy-driven communication principles** into onboarding and ongoing education to build trust, active listening skills, and person-centered interactions with families and care partners.
- **Align training** to ensure team members understand both the "what" and the "why" behind de-escalation strategies, promoting confidence and consistency during challenging situations.
- Use **real-world care scenarios, role-playing and case-based learning** to strengthen skills in managing emotionally charged conversations and resolving conflict effectively.
- **Reinforce learning through coaching, mentoring, and timely feedback that support effective communication and collaborative problem-solving.**
- **Incorporate frontline caregiver experiences and perspectives** into training programs to improve relevance, engagement, and practical application in daily care.

Aligned Training that Supports Effective Communication & Conflict Resolution

Creating Consistency Across Care Teams

- **Develop partner-aligned training** that promotes shared accountability and equips caregivers with consistent approaches for managing difficult conversations and resolving conflict.
- Reinforce the **value of empathy-driven communication** by helping caregivers understand how their interactions influence trust, family satisfaction, and positive care experiences.
- Utilize r**ole-playing exercises, real-world care scenarios, and technology-enabled learning tools** to strengthen communication skills and de-escalation techniques.
- **Co-develop clear communication protocols and escalation pathways** that reduce uncertainty, support timely problem-solving, and improve confidence when navigating emotionally charged situations.
- Promote a **team-based, person-centered approach** that aligns expectations among families, caregivers, healthcare providers, and community partners, reducing fragmentation and fostering collaboration and mutual respect.

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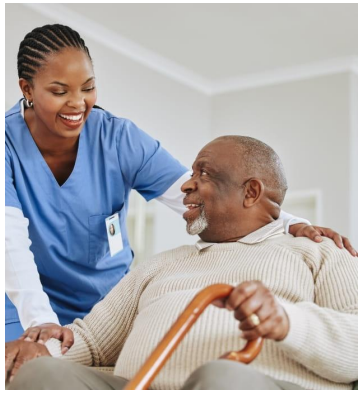
De-Escalation & Conflict Management Training in Action



Building Communication Competency Through Practice

- Incorporate de-escalation techniques into onboarding and ongoing education.
- Use real-world scenarios involving family concerns, dementia-related behaviors, care transitions, and service expectations.
- Reinforce empathy-driven communication that builds trust and reduces tension.
- Provide structured communication tools that support consistency and confidence.
- Utilize coaching and mentorship to strengthen communication skills and best practices.

Reinforcing Skills Through Coaching & Support

- Review real-life situations to reinforce successful conflict resolution strategies.
- Promote active listening, emotional awareness, and person-centered communication.
- Equip caregivers with clear escalation pathways when additional support is needed.
- Encourage collaboration among caregivers, families, nurses, and community partners.
- Foster proactive communication to reduce conflict and strengthen care coordination.

Closing Thought…

Communication skills are not innate.

They are developed, practiced, and reinforced

through intentional training.

Helpful Resources

- “De-escalation Techniques to Go from Hostile to Harmonious.” Lauren Stenson, December 4, 2024. Provider Magazine.
- National Institute on Aging. (n.d.). Coping with agitation, aggression, and sundowning in Alzheimer’s disease. National Institutes of Health.
- Horovitz, B. (2026, February 10). 14 ways to de-escalate a tense caregiving situation: Expert advice on handling difficult moments with loved ones to ensure a calmer caregiving environment. AARP.
- Positive Approach to Care. (n.d.). Mission and values: Teepa Snow’s transformative Positive Approach to Care®. Teepasnow.com

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Thank You!

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