



CRITICAL CONVERSATIONS

Communication Skills for Handling Angry, Abusive, or Combative Clients

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Veterinary nurses/technicians face client aggression without the security protocols, training, or backup systems available in human healthcare settings. Managing an angry, difficult, or abusive client requires specialized communication skills distinct from standard client services interactions.



UNDERSTANDING ESCALATION AND EMOTIONAL STATES

During high-stress situations, adrenaline shifts cognitive processing toward survival mode, affecting everyone involved.¹ For clients, this means reduced ability to process information, heightened emotional reactivity, and physical arousal. For veterinary nurses/technicians, it causes difficulty organizing thoughts and a tendency to match the client's intensity.

Understanding this physiologic reality changes how communication should be approached. Logic cannot reason someone out of an emotional state, as the arousal level must be reduced before problem-solving becomes possible.¹

THE ESCALATION CONTINUUM

Client aggression rarely appears without warning. Most aggressive and/or violent incidents follow a predictable pattern moving from frustration to anger to aggression to violence, with each stage offering decreasing opportunity for intervention. The optimal intervention point is early, when the client's voice may be louder or language more direct but they remain engaged in conversation and responsive to reason. Not all clients follow this linear progression, and some individuals escalate rapidly from apparent calm to physical aggression with little warning, which is why early recognition of warning signs matters (**BOX 1**).

RECOGNIZING EMOTIONAL DRIVERS

Aggressive behavior in veterinary settings typically stems from fear, grief, loss of control, or perceived disrespect.

- Fear-driven aggression occurs when the client is terrified about their pet's prognosis, potential for experiencing pain, or losing their companion. This often includes demanding immediate answers, questioning every recommendation, or lashing out at perceived delays.
- Grief-driven aggression manifests as blaming staff for the pet's condition, anger about euthanasia recommendations, or rage at the unfairness of the situation.
- Loss of control drives attempts to exert control through aggressive behavior when clients feel powerless over their pet's medical situation, costs, or outcome.
- Perceived disrespect stems from feeling judged, dismissed, or not taken seriously, often during cost

discussions, wait times, or communication that sounds condescending.

DE-ESCALATION TECHNIQUES

When a client begins escalating, the first intervention should always be de-escalation, which uses specific communication techniques to reduce emotional arousal and redirect the conversation toward a calmer state. Before attempting any de-escalation, managing one's own physiologic response is essential. The body's stress reaction interferes with the calm, measured communication that de-escalation requires, and recognizing these signals creates the opportunity to regulate the response before it affects communication.

Voice Control

The voice serves as the primary de-escalation tool. Even when a client is shouting, speaking at a normal conversational volume or slightly lower creates an auditory contrast that can interrupt their escalation

BOX 1

Warning Signs of Escalating Client Behavior

Verbal indicators

- Raised voice or shouting
- Profanity or name-calling
- Personal attacks
- Threats (direct or indirect)
- Refusal to listen
- Constant interrupting

Nonverbal indicators

- Clenched fists or jaw
- Aggressive posturing
- Invasion of personal space
- Pacing or inability to sit still
- Intense, unblinking eye contact
- Blocking exits or doorways

Behavioral indicators

- Refusal to follow instructions/directions
- Destroying or throwing objects
- Attempts to access restricted areas
- Grabbing or reaching for staff or animals



pattern. Slowing the pace has a calming effect and gives the client time to process information, while rapid speech increases urgency and anxiety. A steady, even tone conveys calm competence rather than fear or frustration. This includes pausing after statements or questions rather than rushing to fill silence.²

Validate Emotions

Validating emotion without agreeing with behavior is the most critical skill in de-escalation communication.¹ Acknowledging someone's feelings does not mean condoning their actions or conceding they are right about the facts. Statements such as, "I can see this is very upsetting," "I understand you're frustrated about the cost," and "I hear that you feel we should have called you sooner," all acknowledge the client's emotional state without accepting blame or agreeing that their behavior is acceptable.

BOX 2

Client De-escalation Basics

Do:

- Lower your voice and slow your speech pace
- Use the client's name (repeatedly)
- Maintain 3 to 4 feet of distance from the client
- Position yourself at an angle from the client
- Keep hands visible with palms open
- Validate emotions (e.g., "I can see that you're upset")
- Offer choices, when possible
- Call for assistance early, if needed

Do not:

- Touch the client
- Match a client's volume, intensity, or energy
- Say "calm down" or "you're overreacting"
- Argue facts during escalation
- Make promises that cannot be kept
- Block a client's exits
- Turn your back on a client
- Handle things alone

Use Collaborative Language

Collaborative language positions the team as allies rather than adversaries, and offering choices, when possible, returns a sense of control. Phrases like, "Let's figure this out together," "What would be most helpful right now?" and "Would you like to discuss this in an exam room where we have more privacy?" redirect energy toward problem-solving and decision-making rather than conflict.

Active Listening During Crisis

Active listening in crisis differs from routine client interactions because the goal is demonstrating that the client's concerns are being heard rather than gathering comprehensive information. Identifying the underlying want or need redirects the interaction productively, since aggressive clients often want something specific such as information, control, validation, or resolution. Asking, "What would help right now?" can shift energy toward problem-solving. When a client expresses frustration, acknowledging the experience before offering explanations or solutions is more effective. For example, when a client complains about a 2-hour wait with no information, respond with, "Two hours is a really long time to wait without information, especially when you're worried about your pet. Let me find out what's happening with Bella right now," rather than immediately explaining why the wait occurred.

See **BOX 2** for a full list of de-escalation basics.

NONVERBAL COMMUNICATION STRATEGIES

Body language carries significant weight during high-stress interactions because people in distress are hyperfocused on nonverbal cues as their brain assesses for threats. Position yourself at an angle rather than face to face, since direct confrontation increases threat perception, and maintain a comfortable distance of 3 to 4 feet. Closer proximity feels invasive while excessive distance appears dismissive. Create physical barriers, when possible, by positioning furniture between yourself and the agitated client, and always maintain access to an exit by ensuring a client cannot position themselves between you and the door.² Keep facial expressions neutral and attentive. Smiling can appear dismissive of the client's distress, while frowning seems judgmental. Maintain moderate eye contact, as excessive eye contact feels confrontational and too little seems evasive or fearful. Keep hands visible with open



palms at waist level or below. Move slowly and deliberately as quick or sudden movements increase anxiety and can be misinterpreted as aggressive.

SETTING BOUNDARIES

Despite best de-escalation efforts, some clients will not modify their behavior. At that point, clear boundaries must be set using language that maintains authority while offering a path forward. Effective boundary-setting acknowledges the emotion, states the boundary, and offers a path forward. For example: “I can see this situation is very frustrating (emotion), and I need the volume lowered so we can talk (boundary). When ready to continue at a normal volume, I’m here to help (path forward).”

If the initial boundary does not work, escalate with consequences: “I want to help, and I cannot continue this conversation while there is yelling. If we can speak respectfully, we can keep talking. If not, I’ll need to step away and have someone else assist.” If the behavior still continues, state the consequence clearly: “I’ve asked twice to lower the volume. If the yelling continues, I will need to end this conversation and ask you to leave the premises.”

Following through is where many veterinary nurses/technicians fail. Stating a consequence without following through teaches the client that escalation works and that boundaries are meaningless. If a client

BOX 3

When to Call for Help

Call law enforcement immediately if:

- There is any feeling of being unsafe
- A client makes any threat of violence
- A client displays a weapon
- A client makes any physical contact with staff
- A client refuses to leave when asked
- A client damages property
- A client appears to be under the influence of substances and is agitated

There is no need to wait for violence. Trust your instincts.



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will not respect boundaries after multiple clear requests, the interaction is over. Calling for backup, involving management, or contacting law enforcement may be necessary depending on the severity of the situation (**BOX 3**).

SUMMARY

Communication during high-conflict situations is a specialized skill set that differs significantly from routine client interactions. The techniques outlined in this article require practice and ongoing development. Starting with a single technique and building competence before adding another allows skills to become available when stakes are high. **TVN**

References

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