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Staff Education on Implementation of De-Escalation Techniques in an Adult Psychiatry Facility: A Quality Improvement Program to Enhance Knowledge and Reduce Aggressive Behavior

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Walden University

College of Nursing

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Lilian A. Azenabor

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the review committee have been made.

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Walden University
2026

Executive Summary: Staff Education Project

Staff Education on Implementation of De-Escalation Techniques in an Adult Psychiatry Facility: A Quality Improvement Program to Enhance Knowledge and Reduce Aggressive Behavior

by

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MS, Walden University, 2023

BS, University of Lagos, Nigeria, 2013

Executive Summary Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

February 2026

Summary

Managing aggression and violence is a persistent issue in adult psychiatric facilities. Frequent aggression and violence can cause serious harm to staff, increase absenteeism and burnout, and lower job satisfaction. Stakeholders' reports from the project site indicated inconsistent staff use of de-escalation techniques, highlighting gaps and the need to improve staff knowledge. The practice-focused question was: Will a staff education program specifically designed to implement a comprehensive staff training on de-escalation strategies increase staff's knowledge? The purpose of this staff education project was to evaluate the effectiveness of an evidence-based training program designed to enhance staff knowledge on de-escalation techniques.

I analyzed results using SPSS and Microsoft Excel, with pre- and post-intervention staff knowledge scores compared through a paired *t* test. This analysis revealed significant improvements in staff knowledge, with test scores increasing from 18.87 (75.53%) to 24.33 (97.53%; $t = 6.51$, $p < .001$). The simulation assessments also demonstrated strong participant knowledge in relevant domains. My recommendations include providing ongoing support and adding de-escalation training to annual preparation. The project's implications for nursing practice are promoting quality care and safety as well as increasing staff job satisfaction. The staff education program on de-escalation techniques fosters positive social change by reducing the use of force in psychiatric settings, building greater public trust, and contributing to a safer environment. Notably, the training promotes fostering culturally responsive care, reducing implicit bias, and ensuring fair access and equitable treatment for individuals from all backgrounds.

Background

Aggression and violence remain complex issues in adult psychiatric units, being driven by mental illness and requiring proactive care. Studies have shown that 17%–50% of inpatients behave violently, making these units high risk for aggression (Iozzino et al., 2015). The practice setting for this project was a large adult psychiatric facility with a 256-bed capacity, organized into acute and long-term specialized units, serving a diverse, high-acuity population composed of forensic patients and civilly committed individuals, which creates a dynamic, high-intensity environment with escalating behaviors and significant safety risks.

Recurrent assaults in psychiatric units harm the therapeutic environment; cause physical and psychological damage; and raise staff absenteeism, aggression, and violence, leading to burnout, patient dissatisfaction, poorer care, and higher costs (Edward et al., 2016). Reports have shown verbal threats, assaults, and property damage, with up to 80% of staff facing aggression at least once (Renwick et al., 2016). Violence exposure increases use of coercive interventions, like seclusion and restraint, which pose ethical, psychological, and physical risks and worsen patient outcomes (Chieze et al., 2019).

De-escalation techniques are globally recognized for preventing escalation and reducing the use of coercive actions. The World Health Organization (2021) has promoted minimizing the use of restraints by prioritizing de-escalation and staff training. The American Psychiatric Association (2022) suggested that seclusion and restraint be used as last resorts, emphasizing staff competence in de-escalation. The Joint

Commission (2024) strengthened standards, requiring organizations to improve policies and training focused on prevention through de-escalation.

Several elements contribute to the practice gap in adult psychiatric units, which include stakeholders' reports of an increased rate of staff facing aggression and injuries and reliance on coercive measures, like seclusion and restraint increases, despite known ethical, psychological, and physical risks. High aggression and violence rates and the facility's large, diverse, high-acuity population raises harm risks and causes physical and psychological injuries, absenteeism, burnout, patient dissatisfaction, and lower care quality. These elements underscore a clear practice gap: The absence of consistent, practical de-escalation training that equips staff with the knowledge needed to safely and therapeutically manage escalating behaviors. This project was guided by the project-focused question: Will a staff education program specifically designed to implement comprehensive staff training on de-escalation strategies increase staff knowledge? I conducted this Doctor of Nursing Practice staff education project to evaluate the effectiveness of an evidence-based training program designed to improve staff knowledge of de-escalation techniques.

Evidence Review

De-escalation techniques have been extensively studied as essential methods for minimizing aggression and violence in mental health and healthcare settings. In this doctoral staff education program, I built on a growing body of research that demonstrated that structured de-escalation training can significantly reduce aggression and the use of coercive interventions. The targeted literature search of CINAHL, PubMed, and EBSCO databases yielded a body of evidence that strongly supports structured de-escalation

training as an effective strategy to reduce aggression, restraint use, and improve staff competence in mental health settings.

Using the Johns Hopkins Evidence-Based Practice Model for Nursing and Healthcare Professionals Tool, I rated 10 articles; the included studies spanned Levels I–V, indicating a mix of high-quality experimental research, quasi-experimental designs, nonexperimental studies, clinical guidelines, and expert opinion. At the strongest end, Level I evidence supported the claim that de-escalation training improves staff knowledge, confidence, and performance, while highlighting methodological limitations in linking training directly to real-world reductions in violence and coercion (Price et al., 2015). Multiple Level II quasi-experimental studies (Brenig et al., 2023; Celofiga et al., 2022; McCabe et al., 2022; Ye et al., 2021) complemented this and demonstrated meaningful reductions in aggressive incidents, restraint use, and improvements in staff confidence and perceived safety, particularly when training is structured, team based, and embedded into practice.

The presence of Level II evidence across diverse settings, including general psychiatric, high-incidence care areas, and forensic environments, strengthens the generalizability of de-escalation training as a core safety intervention while also underscoring the importance of organizational factors, such as leadership support, ongoing technical assistance, and fidelity monitoring (McCabe et al., 2022). Level IV clinical practice guidance (Georgladis, 2024; The Joint Commission, 2019) and Level V expert and applied literature (Gerbrandt, 2025; Shulman, 2020) further contextualized these findings by offering trauma-informed, communication-focused strategies that align with and operationalize the empirical evidence. Together, this layered evidence base

shows that structured de-escalation education is not only empirically sound but also practically actionable while simultaneously revealing gaps, such as the need for more rigorously designed outcome studies and long-term follow-up, that justify ongoing doctoral-level quality improvement and research initiatives such as the current staff education program.

Staff Education Project Development

I conducted this quality improvement staff education project to enhance staff knowledge of de-escalation techniques. This project began with a needs assessment based on organizational and stakeholder reports on rising aggression, seclusion, restraint, staff injuries, and knowledge gaps. Organizational readiness was assessed as high, with strong leadership, staff willingness, and infrastructure support. A strengths, weaknesses, opportunities, and threats analysis showed that the project was well-positioned for success and aligned with organizational priorities. I recruited a purposive sample of 25 direct-care staff members, including registered nurses, licensed practical nurses, mental health technicians, and allied clinicians. All participants worked on the adult inpatient psychiatric units and were routinely involved in managing escalating behaviors.

A multidisciplinary team reviewed existing literature, guidelines, and best practices to create a tailored de-escalation training program that emphasized recognizing early warning signs, using risk assessment tools, and applying verbal and nonverbal communication techniques. Training materials included a risk assessment tool, evidence-based content, simulation scenarios, role-play activities, reflective journals, and a quick-reference sheet (see Appendix). Content was aligned with facility policies on restraint reduction and crisis intervention.

Implementation

The staff education program began with preintervention data collection via a pretest, which was followed by a 2-hour workshop delivered in a blended format that combined evidence-based de-escalation instruction, interactive discussion, role-play exercises, and simulation-based practice. Following the training, participants completed posttests and simulation assessments. Additionally, they were encouraged to engage in reflective journaling to evaluate previous experiences and identify obstacles to effective crisis intervention.

Evidence Collection, Analysis, and Evaluation

To evaluate the effectiveness of the staff education program in enhancing staff knowledge of de-escalation techniques, I used pre- and postintervention assessments were used to collect evidence. All participants completed a 15-question pretest prior to the training, a corresponding posttest after the intervention, and a simulation assessment tool designed to measure the practical application of learned skills. For evidence analysis, paired *t* tests were conducted to compare participants’ pre- and posttraining performance on the knowledge assessments. I conducted quantitative analysis using statistical software, including SPSS and Microsoft Excel, to systematically evaluate changes in knowledge scores before and after the educational intervention. These methods enabled a robust comparison of participant knowledge, providing measurable outcomes related to the impact of the staff education program.

Results

The presentation and analysis of the pre- and posttest results offer insights into the effectiveness of the staff education program in enhancing staff knowledge of de-escalation techniques. A total of 25 direct care staff members completed the entire intervention. The outcomes of the pre- and post-tests are summarized in Table 1 and Figure 1, while Table 2 and Figure 2 display simulation assessment tool results.

Table 1

Pre- and Posttest Results

	Questions	Total number of correct answers on pretest (N = 25)	Total number of correct answers on posttest (N = 25)	Difference
1	What is the primary goal of de-escalation techniques in adult psychiatry settings?	20	25	+5
2	Which of the following is a key principle of de-escalation techniques?	15	25	+10
3	What is the first step in de-escalating a situation?	18	24	+6
4	Which of the following is a verbal de-escalation technique?	22	25	+3
5	What is the purpose of empathy in de-escalation techniques?	17	25	+8
6	Which of the following is a non-verbal de-escalation technique?	19	24	+5
7	What should you do if a patient becomes aggressive and threatening?	16	25	+9
8	Which of the following is a benefit of de-escalation techniques?	20	25	+5
9	What is the importance of self-awareness in de-escalation techniques?	22	25	+3
10	Which of the following is a common trigger for aggressive behavior in patients?	15	25	+10
11	How can healthcare providers reduce the risk of aggression in patients?	21	25	+4
12	What is the purpose of debriefing after a crisis situation?	14	23	+9
13	Which of the following is a characteristic of a safe and therapeutic environment?	24	25	+1
14	How can healthcare providers demonstrate empathy in de-escalation techniques?	19	24	+5
15	What is the goal of de-escalation techniques in adult psychiatry settings?	21	25	+4
	Total average score	283	365	82

Figure 1

A Bar Chart Comparing the Number of Correct Answers on the Pretest and Posttest

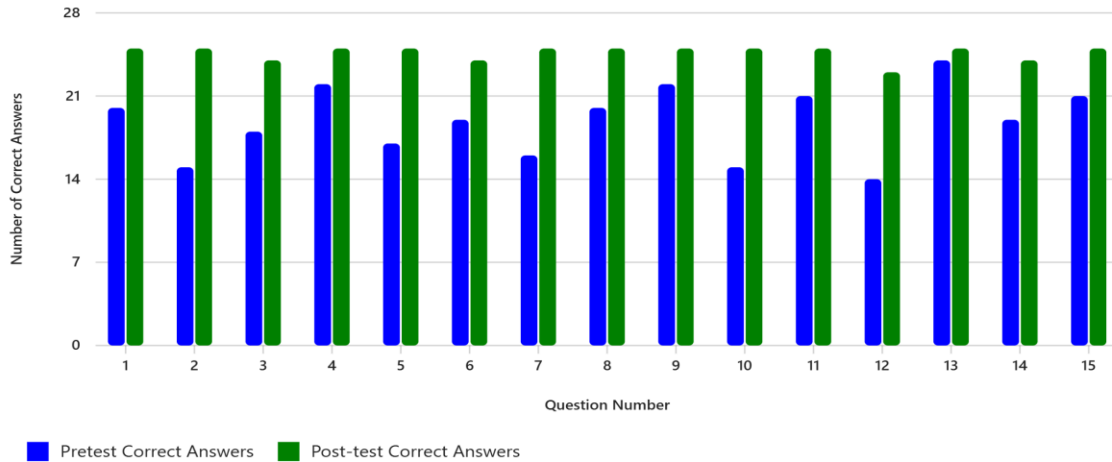


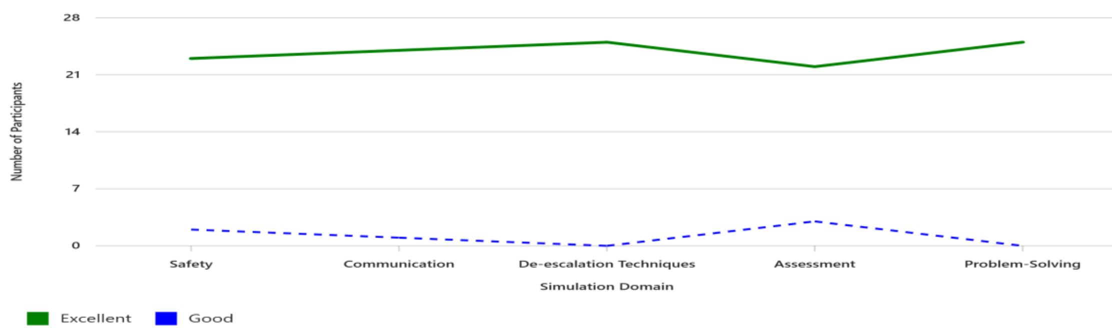
Table 2

Simulation Assessment Tool (N =25)

Simulation Domain	Excellent	Good	Fair	Poor	Interpretation
Safety	12	10	3	0	Most showed good situational awareness and maintained safe positioning.
Communication	14	8	3	0	Notable progress in therapeutic communication and tone management.
De-escalation techniques	15	7	3	0	Greatest improvements came from staff regularly using structured de-escalation techniques.
Assessment	10	11	4	0	Enhanced identification of triggers and initial warning signs.
Problem-solving	9	12	4	0	Enhanced decision-making and teamwork in planning interventions.

Figure 2

Line Chart Showing Simulation Assessment After Training



Discussion of Findings

A paired-samples *t* test comparing pretest and posttest scores for 25 participants on de-escalation techniques showed a significant increase after training. Pretest scores averaged 18.87 ($SD = 3.12$) versus posttest scores of 24.33 ($SD = 1.02$); $t(24) = 12.45$, $p < .001$, with a large effect size (Cohen's d = 2.49). The improvement was consistent, especially for questions on key principles and common aggression triggers (increases of more than 10 points each). Posttraining knowledge scores improved significantly, indicating the de-escalation education program effectively increased staff understanding of safety and communication. This finding aligns with evidence that simulation-based and targeted de-escalation training enhances preparedness, confidence, and skills (see Duncan et al., 2021; Price et al., 2018). The strong posttest results suggest the customized curriculum met staff needs, consistent with research favoring tailored over generic training (see Hallett & Dickens, 2017).

Overall, this improvement had a substantial organizational impact, leading to improved staff knowledge, more consistent crisis response procedures, staff retention, and a safer environment for both patients and staff. However, the project's findings are limited by a small sample size ($N = 15$), the single-site setting, and participant selection bias, which restrict both statistical power and generalizability. Only staff present during the project contributed, possibly excluding broader perspectives. Beyond the local site, this project offered an evidence-based model for de-escalation training in psychiatric settings, improved staff knowledge and safety outcomes, and helped organizations reduce workplace violence. Broad implementation supports higher care standards, regulatory compliance, and a culture of safety across the industry.

Conclusions

Implementation of the structured de-escalation training program led to notable organizational improvements. Staff demonstrated enhanced knowledge, resulting in more consistent crisis responses, better interdisciplinary teamwork, and stronger adherence to trauma-informed care standards, helping the organization foster a culture of safety and professionalism. My recommendations include maintaining effective de-escalation; providing annual refresher training on de-escalation; including it in onboarding and evaluations; and tracking long-term trends in aggression, restraint use, and staff well-being to inform improvements.

Implications for Nursing Practice

The training program underscores the vital role nurses play in early intervention, therapeutic communication, and maintaining a safe care environment. Enhanced de-escalation skills increase nurse confidence and reduce the risk of injury and burnout. By embedding these competencies into daily practice, nurses are better equipped to manage crises compassionately and effectively, strengthening the overall workforce and improving patient outcomes.

Positive Social Change: Diversity, Equity, and Inclusion

The de-escalation training promotes respectful, noncoercive crisis management, reducing trauma and disparities for marginalized groups, especially in psychiatric and forensic settings. The program fosters cultural humility and empathy; encourages equitable, person-centered care; and supports diversity, equity, and inclusion. These efforts lay a foundation for compassionate, inclusive psychiatric care that benefits all individuals.

References

American Psychiatric Association (2022). *Resource Document on Seclusion and Restraint*. https://www.psychiatry.org/getattachment/e9b21b26-c933-4794-a3c4-01ad427eed91/Resource-Document-Seclusion-Restraint.pdf

Brenig, D., Gade, P., & Voellm, B. (2023). Is mental health staff training in de-escalation techniques effective in reducing violent incidents in forensic psychiatric settings? - A systematic review of the literature. *BMC Psychiatry*, *23*(1), 246. https://doi.org/10.1186/s12888-023-04714-y

Celofiga, A., Kores Plesnicar, B., Koprivsek, J., Moskon, M., Benkovic, D., & Gregoric Kumperscak, H. (2022). Effectiveness of de-escalation in reducing aggression and coercion in acute psychiatric units. A cluster randomized study. *Frontiers in Psychiatry*, *13*, 856153. https://doi.org/10.3389/fpsyt.2022.856153

Chieze, M., Hurst, S., Kaiser, S., & Sentissi, O. (2019). Effects of seclusion and restraint in adult psychiatry: A systematic review. *Frontiers in Psychiatry*, *10*, 491. https://doi.org/10.3389/fpsyt.2019.00491

Duncan, G., Schabbing, M., & Gable, B. D. (2021). A novel simulation-based multidisciplinary verbal de-escalation training. *Cureus*, *13*(12), e20849. https://doi.org/10.7759/cureus.20849

Edward, K., Stephenson, J., Ousey, K., Lui, S., Warelow, P., & Giandinoto, J.-A. (2016). A systematic review and meta-analysis of factors that contribute to aggression in psychiatric inpatient populations. *Journal of Psychiatric and Mental Health Nursing, 23*(6–7), 561–573. https://doi.org/10.1111/jpm.12348

Georgldis, M. (2024). *Utilizing de-Escalation techniques to maintain safety for staff & patients.* Oklahoma Nurses Association. https://www.myamericannurse.com/utilizing-de-escalation-techniques-to-maintain-safety-for-staff-patients/

Gerbrandt, N. (2025). *5 keys for de-escalating anger.* Crisis & Trauma Resource Institute. https://ctrinstitute.com/blog/5-keys-for-de-escalating-anger/

Hallett, N., & Dickens, G. L. (2017). De-escalation: A survey of clinical staff in mental health settings. *Journal of Psychiatric and Mental Health Nursing*, 24(9–10), 629–637. https://doi.org/10.1111/jpm.12408

Iozzino, L., Ferrari, C., Large, M., Nielssen, O., & de Girolamo, G. (2015). Prevalence and risk factors of violence by psychiatric acute inpatients: A systematic review and meta-analysis. *PLOS ONE, 10*(6), e0128536. https://doi.org/10.1371/journal.pone. 0128536

The Joint Commission (2019). *Quick safety Issue 47: De-escalation in health care.* https://digitalassets.jointcommission.org/api/public/content/c961c66e05ce4066995e6e5480ccaf78?v=529a266d

The Joint Commission (2024). *R3 report Issue 44: New and revised restraint and seclusion requirements for behavioral health care and human services organizations.* https://www.jointcommission.org/en-us/standards/r3-report/r3-report-44

McCabe, L. A., Ruberti, M. R., & Endres, T. (2022). Sustaining program implementation: A co-constructed technical assistance process to support continuous high-quality implementation of the Therapeutic Crisis Intervention

program. *Evaluation and Program Planning*, *91*, 102049. https://doi.org/10.1016/j.evalprogplan.2022.102049

Price, O., Baker, J., Bee, P., & Lovell, K. (2015). Learning and performance outcomes of mental health staff training in de-escalation techniques for the management of violence and aggression. *The British Journal of Psychiatry: The Journal of Mental Science*, *206*(6), 447–455. https://doi.org/10.1192/bjp.bp.114.144576

Renwick, L., Lavelle, M., Brennan, G., Stewart, D., James, K., Richardson, M., Williams, H., Price, O., & Bowers, L. (2016). Physical injury and workplace assault in UK mental health trusts: An analysis of formal reports. *International Journal of Mental Health Nursing*, *25*(4), 355–366. https://doi.org/10.1111/inm.12201

Shulman, A. (2020). *Mitigating workplace violence via de-escalation training*. International Association for Healthcare Security and Safety Foundation. https://iahssf.org/assets/IAHSS-Foundation-De-Escalation-Training.pdf

World Health Organization (2021) *New WHO guidance seeks to put an end to human rights violations in mental health care.* https://www.who.int/news/item/10-06-2021-new-who-guidance-seeks-to-put-an-end-to-human-rights-violations-in-mental-health-care

Ye, J., Xia, Z., Wang, C., Liao, Y., Xu, Y., Zhang, Y., Yu, L., Li, S., Lin, J., & Xiao, A. (2021). Effectiveness of CRSCE-based de-escalation training on reducing physical restraint in psychiatric hospitals: A cluster randomized controlled trial. *Frontiers in Psychiatry*, *12*, 576662. https://doi.org/10.3389/fpsyt.2021.576662

Appendix A: Pre- and Posttest Assessment Questions

1. **What is the primary goal of de-escalation techniques in adult psychiatry settings?**

   (a) To restrain the patient (b) To administer medication (c) To reduce aggression and promote safety (d) To avoid interacting with the patient

2. **Which of the following is a key principle of de-escalation techniques?**

   (a) Confronting the patient's behavior (b) Using physical restraint (c) Active listening and empathy (d) ignoring the patient's concerns

3. **What is the first step in de-escalating a situation?**

   (a) Calling security (b) Administering medication (c) Assessing the patient's safety and well-being

   d) Yelling at the patient

4. **Which of the following is a verbal de-escalation technique?**

   (a) Yelling (b) Active listening (c) Physical restraint (d) Ignoring the patient

5. **What is the purpose of empathy in de-escalation techniques?**

   (a) To sympathize with the patient (b) To understand and acknowledge the patient's feelings (c) To dismiss the patient's concerns (d) To ignore the patient's emotions

6. **Which of the following is a non-verbal de-escalation technique?**

   (a) Maintaining eye contact (b) Crossing arms (c) Standing with feet shoulder-width apart

   d) Turning back on the patient

7. **What should you do if a patient becomes aggressive and threatening?**

   (a) Stand your ground and assert authority (b) Use physical restraint immediately (c) Call for backup and try to de-escalate the situation d) Leave the patient alone

8. **Which of the following is a benefit of de-escalation techniques?**

   (a) Reduced use of physical restraint (b) Increased use of medication (c) Improved patient satisfaction

   d) All of the above

9. **What is the importance of self-awareness in de-escalation techniques?**

   (a) To recognize one's own emotions and biases (b) To assert authority over the patient (c) To ignore one's own feelings (d) To sympathize with the patient

10. **Which of the following is a common trigger for aggressive behavior in patients?**

    (a) Lack of control (b) Pain or discomfort (c) Frustration or anxiety (d) All of the above

11. **How can healthcare providers reduce the risk of aggression in patients?**

    (a) By being confrontational (b) By using physical restraint (c) By providing a calm and respectful environment (d) By ignoring the patient's concerns

12. **What is the purpose of debriefing after a crisis situation?**

    (a) To assign blame (b) To discuss what went wrong (c) To identify ways to improve future responses (d) To ignore the incident

13. **Which of the following is a characteristic of a safe and therapeutic environment?**

(a) Loud noises (b) Bright lights (c) Calm and respectful atmosphere (d) Crowded space

14. **How can healthcare providers demonstrate empathy in de-escalation techniques?**

    (a) By sympathizing with the patient (b) By acknowledging the patient's feelings (c) By dismissing the patient's concerns (d) By ignoring the patient's emotions

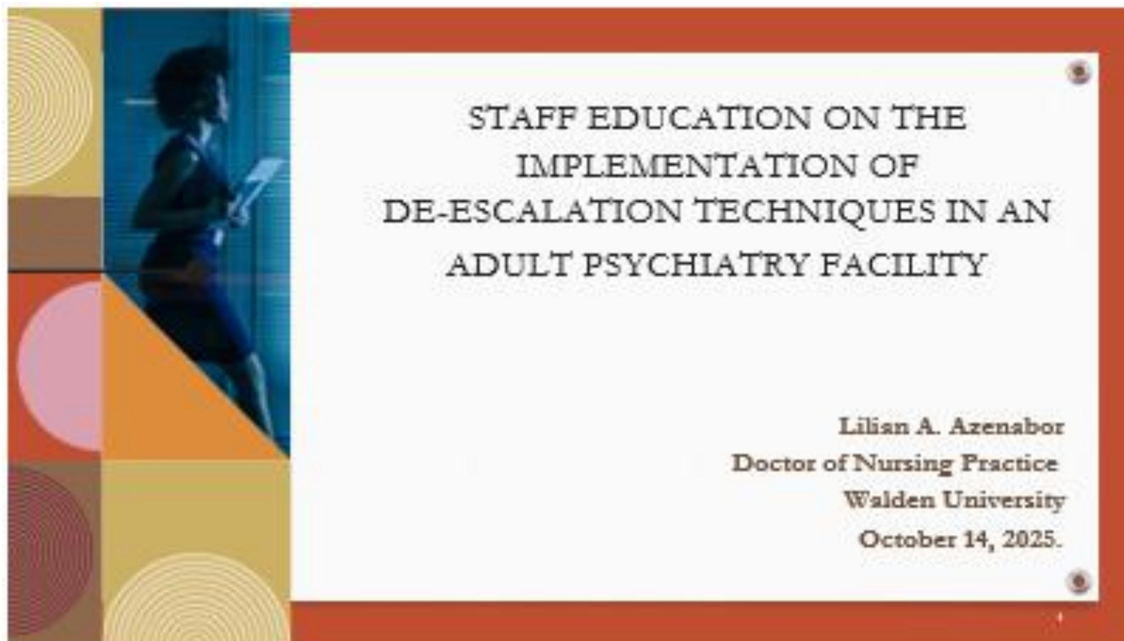
15. **What is the goal of de-escalation techniques in adult psychiatry settings?**

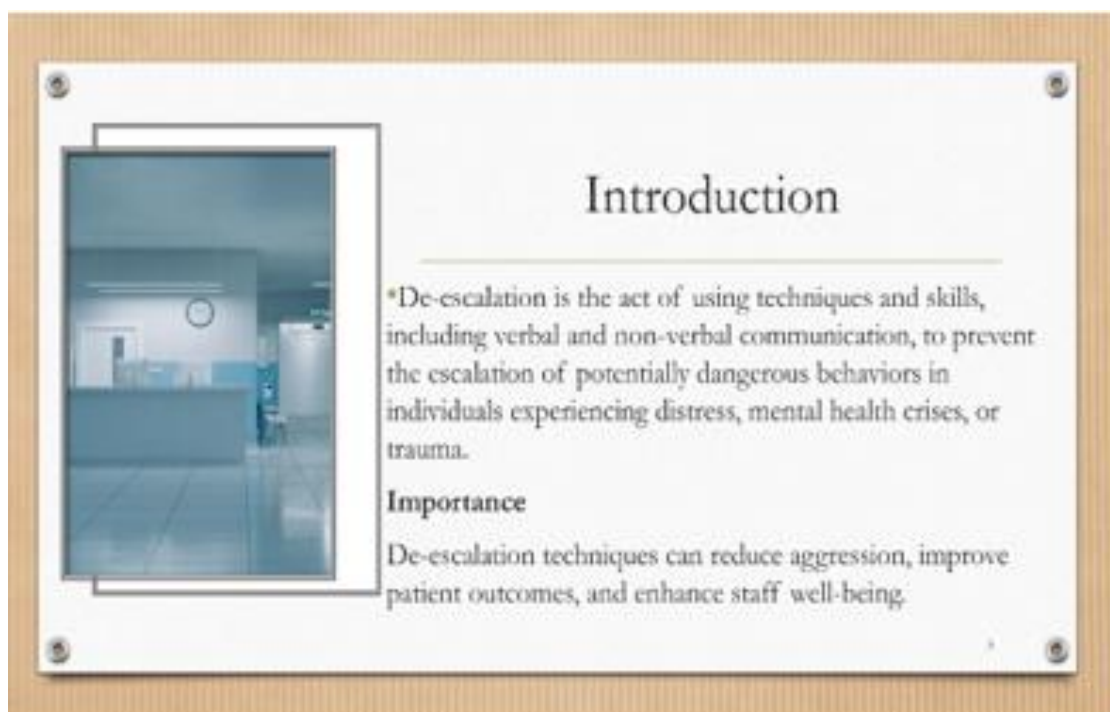
    (a) To avoid interacting with patients (b) To use physical restraint (c) To promote patient safety and well-being (d) To administer medication

Answer Key

1. c
2. c
3. c
4. b
5. b
6. a
7. c
8. d
9. a
10. d
11. c
12. c
13. c
14. b
15. c

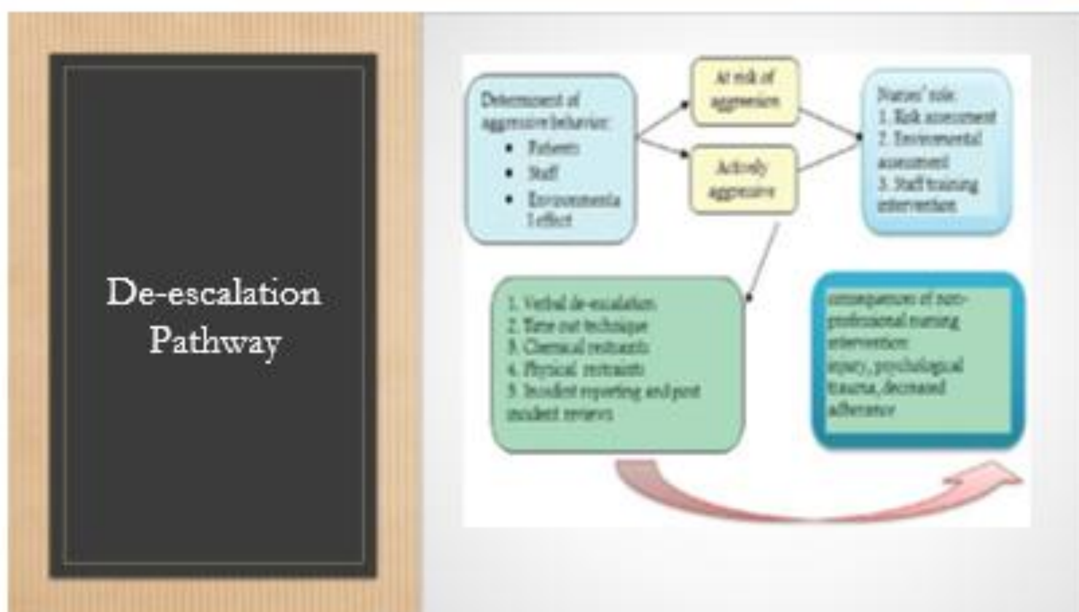
Appendix B: PowerPoint Presentation




Introduction
*De-escalation is the act of using techniques and skills, including verbal and non-verbal communication, to prevent the escalation of potentially dangerous behaviors in individuals experiencing distress, mental health crises, or trauma.
Importance
De-escalation techniques can reduce aggression, improve patient outcomes, and enhance staff well-being.

UNDERSTANDING AGGRESSIVE BEHAVIOR
• Aggressive behavior is any action intended to harm another person, which can be physical or verbal, proactive (planned) or reactive (impulsive)
• Causes can range from stress and frustration to underlying psychological or environmental factors.
• Warning signs include frequent anger, isolation, and hostile attitudes
• Triggers: Fear, anxiety, pain, frustration, trauma, and past experiences can contribute to aggressive behavior.
• Signs: Recognize warning signs such as threats, substance abuse, - isolating behaviors.

Breaking Behavior De-Escalation Into 3 Phases
Calm
Trigger
Agitation
Acceleration
Peak
Deescalation
Recovery
Before
During
After
Prevention and Early Interventions
Interventions Placing Safety and Dignity at the Center
Reflecting, Learning and Building


De-escalation Pathway
Determinant of aggressive behavior:
Patients
Staff
Environmental effect
At risk of aggression
Actively aggressive
Nurses' role:
1. Risk assessment
2. Environmental assessment
3. Staff training intervention

FOUR CONCEPTS OF DE-ESCALATION

Concepts focus on creating a safe environment, managing the situation, establishing a connection, and using effective communication to reduce conflict intensity.

- **Containment:** Isolating the individual to a safe location to prevent harm to themselves or others, and to create a less chaotic environment for de-escalation.
- **Control:** Taking steps to manage the situation and decrease the level of agitation, without necessarily escalating the use of force.
- **Contact:** Making a non-threatening personal connection with the agitated individual to build rapport and trust.
- **Communication:** Using specific verbal and non-verbal techniques to help the individual express themselves and to convey that you are there to help clearly.

KEY PRINCIPLES OF DE-ESCALATION

Stay Calm: Maintain a calm demeanor to reduce tension.

Empathize: Acknowledge feelings without validating aggressive behavior.

Non-Verbal Communication: Maintain a non-threatening posture, use gentle gestures, and avoid direct eye contact.

Active Listening: Use open-ended questions and paraphrase to understand the individual's needs.

VERBAL DE-ESCALATION TECHNIQUES

- Verbal de-escalation techniques focus on calm, respectful communication to reduce a person's agitation.
- **Active Listening:** Give the person your full attention, listen without judgment, and paraphrase their statements to show you understand their issues.
- **Empathy:** Acknowledge and validate their feelings, even if you don't agree with them, to help them feel heard and understood.
- **Calm and Measured Tone:** Speak in a quiet, low, and monotonous tone of voice.
- **Use Names:** Ask for the person's name and use it to make the interaction more personal and increase rapport.
- **Be Concise:** Speak in short, easy-to-understand sentences and repeat yourself often.
- **Offer Choices:** Give the person options and a sense of control over the situation by framing things as choices rather than demands.
- **Set Limits:** Firmly but unemotionally set limits, making your expectations clear without being aggressive or ordering behavior.
- **Avoid Confrontation:** Do not argue, defend yourself, or minimize the person's feelings, as this can escalate the situation.

NON-VERBAL DE-ESCALATION TECHNIQUES

- **Maintain Personal Space:** Give the person extra physical space to avoid feeling threatened.
- **Non-Threatening Body Language:** Keep your hands open and visible, maintain a relaxed facial expression, and keep your body language open and neutral.
- **Maintain Eye Level:** Stand or sit at the same eye level as the person, or even sit on the floor if they are lower.
- **Move Slowly:** Make slow, deliberate movements and avoid sudden actions, which can increase anxiety.

THERAPEUTIC OPTION

The opposite of talking is listening!
For most people, the opposite of talking is waiting to interrupt.

To be fully present to listen requires that we:
- Are intentionally open and unbiased;
- Listen to hear, literally, the exact information;
- Interpret all communications accurately, including verbal and nonverbal body language; and
- Respond appropriately.

STEPS TO SUCCESSFUL DE-ESCALATION

- The ABCDs of de-escalation techniques are a helpful framework to guide staff in managing aggressive or escalated situations.

A - Acknowledge
- Acknowledge the individual's feelings and concerns
- Show empathy and understanding
- Validate their experience (without necessarily agreeing or disagreeing)

B - Body Language
- Be aware of your body language and non-verbal cues
- Maintain a calm and open posture
- Avoid direct eye contact or aggressive stances
- Use gentle gestures and movements

C - Calm Communication
- Speak calmly and clearly
- Use a gentle tone and volume
- Avoid arguing or dismissing
- Use active listening skills and paraphrase

D - Distance and Direction
- Maintain a safe distance from the individual
- Be aware of your surroundings and potential hazards
- Direct the conversation towards finding solutions and calming down
- Offer choices and involve the individual in decision-making

MODELS OF DE-ESCALATION

DEFUSE

- **D** — **DECIDE** if de-escalation is a possibility. Assess for immediate threat.
- **E** — **ENSURE** safety with adequate backup and clear dangerous objects.
- **F** — **FORM** relationship introducing self and using clear language
- **U** — **UTILIZE** interests. Identifying wants and feelings, providing validation
- **S** — **SET** limits. Offering choices and using repetition until heard
- **E** — **ENFORCE/EVALUATE** if de-escalation is successful. Mobilize help if needed

Courtesy: WSH Staff Development

CALM MODEL

- **C** — Connect with empathy
- **A** — Acknowledge feelings
- **L** — Listen actively
- **M** — Manage the situation

DE-ESCALATION PHRASES

De-escalation phrases focus on validation, active listening and empathy to calm tense situation.

Validation and Empathy

- "I can see that you are feeling really agitated and upset."
- "If I were in your shoes, I'd feel the same way"
- "I am sorry you have this experience."
- "I can see you are having a really tough time right now. I am here if you are ready to talk"

Active Listening and Reflection

- "Let me see If I've understood you correctly"
- "I am going to listen to every word so we can figure out what to do about this"

Addressing the Situation

- "I see where you are coming from"
- "What would help you right now?"

Setting Boundaries and De-escalation

- "Let's talk about this later."
- "I understand that this is not the outcome you were hoping for."

Repair and resolve

- "What would you like me to do now? How can I help?"
- "Let's figure out a plan for if this happens again."

CASE STUDY

- A patient is becoming agitated and aggressive, yelling at staff members and refusing to take medication. What de-escalation techniques would you use to calm the patient down?

De-Escalation Strategies

ROLE-PLAYING EXERCISES

- Practice de-escalation scenarios to build confidence and skills.

TIPS:

- Focus on active listening, empathy, and problem-solving.

REMEMBER….

- Successful de-escalation begins with us – our beliefs, attitude, and actions
- The more a person loses control, the less they hear your word- and the more they react to your nonverbal communication
- People in crisis can sense a canned script instantly
- De-escalation is not bout being right. It is about listening and acknowledging what the person is telling you.
- Don't take it personally
- Simple interventions aiming to improve staff relationships with patients can reduce the frequency of conflict and containment.

REFERENCES

Anderson C, Bradley, L., Brothers, M., IsaloPoor R, McSweeney C, Mercer, M., Pultz B, Russ E-R, Tripp, J. (2023). DEFUSE: The Art of Verbal De-escalation for Behavioral Healthcare Workers. Virginia Department of Behavioral Health and Developmental Services.

Bowers, L., James, K., Quirk, A., Simpson, A., SUGAR, Stewart, D., &Hodsoll, J. (2015). Reducing conflict and containment rates on acute psychiatric wards: The Safewards cluster randomised controlled trial. *International Journal of Nursing Studies* , *52*(9), 1412–1422. https://doi.org/10.1016/j.ijnurstu.2015.05.001

Celofiga, A., Koren Plesnicar, B., Koprivsek, J., Moskon, M., Benkovic, D., & Gregoric Kumperscak, H. (2022). Effectiveness of De-Escalation in Reducing Aggression and Coercion in Acute Psychiatric Units. A Cluster Randomized Study. *Frontiers in psychiatry*, *13*, 856153. https://doi.org/10.3389/fpsyt.2022.856153

REFERENCES

Richmond, J. S., Berlin, J. S., Fishkind, A. B., Holloman, G. H., Jr, Zeller, S. L., Wilson, M. P., Rifai, M. A., & Ng, A. T. (2012). Verbal De-escalation of the Agitated Patient: Consensus Statement of the American Association for Emergency Psychiatry Project BETA De-escalation Workgroup. *The western journal of emergency medicine*, *13*(1), 17–25. https://doi.org/10.5811/westjem.2011.9.6864

Wilson, M.P., Nordstrom, K. & Vilke, G.M. (2015). The agitated patient in the emergency department. *Current Emergency and Hospital Medicine Report* 3, 188–194 (2015). https://doi.org/10.1007/s40138-015-0087-5

THANK YOU

Appendix C: De-Escalation Technique Simulations and Assessment Tool

Scenario: A 30-year-old male patient with a history of schizophrenia becomes agitated and aggressive on the unit, demanding to be discharged against medical advice.

Roles:

- Participant: Plays the role of the healthcare provider
- Simulated patient: Plays the role of the agitated patient
- Observer: Evaluates the participant's performance

Assessment Criteria:

1. **Safety:** Ensures safety of self, patient, and others
2. **Communication:** Uses effective verbal and non-verbal communication skills
3. **De-escalation Techniques:** Implements de-escalation techniques to reduce patient agitation
4. **Assessment:** Conducts a brief assessment of the patient's needs and concerns
5. **Problem-Solving:** Develops and implements a plan to address the patient's concerns

Simulation Flow:

1. The simulated patient becomes agitated and demands to be discharged.
2. The participant enters the room and assesses the situation.
3. The participant attempts to de-escalate the situation using verbal and non-verbal techniques.
4. The simulated patient responds based on their character's personality and script.
5. The participant continues to interact with the patient, adjusting their approach as needed.

Debriefing:

- The observer provides feedback on the participant's performance.
- The participant reflects on their experience and identifies areas for improvement.
- The group discusses challenges and strategies for de-escalating similar situations.

Criteria	Excellent	Good	Fair	Poor
Safety	Ensured the safety of all individuals	Mostly ensured safety	Partially ensured safety	Did not ensure safety
Communication	Used effective verbal and non-verbal skills	Used mostly effective skills	Used some effective skills	Did not use effective skills
De-escalation Techniques	Implemented effective de-escalation techniques	Implemented mostly effective techniques	Implemented some effective techniques	Did not implement effective techniques
Assessment	Conducted a thorough assessment	Conducted a mostly thorough assessment	Conducted a partial assessment	Did not conduct an assessment
Problem-Solving	Developed and implemented an effective plan	Developed the most effective plan	Developed a partial plan	Did not develop a plan

Appendix D: Reflective Journal

Objective: To reflect on the effectiveness of de-escalation techniques in managing aggressive behavior and promoting patient safety.

Section 1: Description

Describe a recent situation where you used de-escalation techniques with a patient or witnessed a colleague using de-escalation techniques.

What triggered the situation, and how did you or your colleague respond?

Section 2: Analysis

What de-escalation techniques were used, and how effective were they in de-escalating the situation?

What factors contributed to the effectiveness or ineffectiveness of the de-escalation techniques?

How did the patient's behavior and emotions change in response to the de-escalation techniques?

Section 3: Reflection

What did you learn from this experience about de-escalation techniques?

How will you apply this knowledge in future situations?

What challenges or barriers might you face in implementing de-escalation techniques, and how will you overcome them?

Section 4: Action Plan

What specific actions will you take to improve your skills in using de-escalation techniques?

How will you evaluate the effectiveness of your de-escalation techniques in future situations?

Section 5: Conclusion

Summarize the key takeaways from this reflective journal entry.

How do you think this experience will impact your practice as a healthcare professional?

Guiding Questions:

What would I do differently in a similar situation in the future?

What skills or knowledge do I need to develop further to use de-escalation techniques effectively?

How can I apply de-escalation principles to improve patient care and safety?

Appendix E: Role Playing Activities

Scenario 1: Aggressive Patient

- One person plays the role of a patient who is becoming agitated and aggressive, while another person plays the role of a nurse or staff member.
- The patient is yelling and demanding attention, while the nurse/staff member tries to de-escalate the situation using verbal and non-verbal techniques.

Scenario 2: Patient in Distress

- One person plays the role of a patient who is experiencing a mental health crisis, such as a panic attack or suicidal ideation.
- The other person plays the role of a nurse or staff member who tries to establish a connection, offer emotional support, and de-escalate the situation.

Scenario 3: Refusal of Medication

- One person plays the role of a patient who refuses to take medication, while another person plays the role of a nurse or staff member.
- The nurse/staff member tries to de-escalate the situation by exploring the patient's concerns, offering choices, and negotiating a solution.

Scenario 4: Overstimulation

- One person plays the role of a patient who is becoming overwhelmed by their environment, such as loud noises or crowded spaces.

- The other person plays the role of a nurse or staff member who tries to de-escalate the situation by offering a calm and quiet space, reducing stimuli, and providing emotional support.

Scenario 5: Trauma-Informed Care

- One person plays the role of a patient who has experienced trauma, while another person plays the role of a nurse or staff member.
- The nurse/staff member tries to de-escalate the situation by using trauma-informed care principles, such as avoiding triggers, providing emotional support, and empowering the patient.

Appendix F: Risk Assessment Tool for Aggressive Behavior

1. **History of aggression:** Yes No
    - Previous violent or aggressive behavior
    - History of threats or intimidation
2. **Current aggression:** Yes No
    - Verbal aggression (e.g., yelling, threats)
    - Physical aggression (e.g., hitting, kicking)
3. **Mental status:** Yes No
    - Confusion or disorientation
    - Irritability or agitation
    - Hallucinations or delusions
4. **Substance use:** Yes No
    - Current substance use or withdrawal
    - History of substance use-related aggression
5. **Medical factors:** Yes No
    - Medical conditions that may contribute to aggression (e.g., pain, hypoxia)
    - Medication side effects or interactions
6. **Environmental factors:** Yes No
    - Overstimulation or sensory overload
    - Uncomfortable or restrictive environment

Risk Level:

- **Low risk:** No significant risk factors present
- **Moderate risk:** Some risk factors present, but patient is cooperative and responsive to redirection
- **High risk:** Significant risk factors present, patient is agitated or aggressive

Interventions:

- **Low risk:** Continue monitoring, provide calm and respectful care
- **Moderate risk:** Implement de-escalation techniques, offer PRN medications as ordered
- **High risk:** Activate crisis response team, consider seclusion or restraint, administer PRN medications as ordered

Notification:

- Notify patient's provider and crisis team (if applicable)
- Document risk assessment and interventions in the patient's medical record