

## Learning Activity: De-escalation Debrief and Discussion for Students

Description of Activity:	A preparation guide for incidents of violence in the clinical setting and debriefing guide.					
Keywords:	Workplace Violence, De-Escalation, Trauma Informed Care, Nursing Self Care					
Type of Activity	<input type="checkbox"/> Didactic <input type="checkbox"/> Simulation <input checked="" type="checkbox"/> Clinical	Recommendation on when introduced in the curriculum?	<input checked="" type="checkbox"/> Early <input checked="" type="checkbox"/> Mid <input checked="" type="checkbox"/> End	Suggested Course:	<input type="checkbox"/> Health Promotion /Assessment/ Fundamentals <input checked="" type="checkbox"/> Acute care <input checked="" type="checkbox"/> Chronic care <input type="checkbox"/> Pharmacology	<input type="checkbox"/> Population/ Community health <input type="checkbox"/> Leadership <input type="checkbox"/> Other:
Competency addressed:	<input checked="" type="checkbox"/> 1. Provide respectful, compassionate, person-centered care for people experiencing homelessness (PEH) <input checked="" type="checkbox"/> 2. Evaluate clients for social determinants of health needs, including housing status and related aspects of safety, access to food, social support and other relevant domains <input checked="" type="checkbox"/> 3. Collaborate with client and appropriate Interprofessional community members to optimize health in PEH <input type="checkbox"/> 4. Advocate for improved health for PEH					
Learning Activity:	This student discussion guide can be utilized to prepare students for working with patients who are escalated and can also be used as a debriefing guide for code greys and other episodes of escalation in the clinical setting.					
Time Required:	15-90 minutes. Prompts can be integrating into clinical conference, or guide can be used for an in depth discussion.					
Preparation of the student:						
Resources:	<p>Cozolino, L. (2004). <i>The making of a therapist: A practical guide for the inner journey</i>. W. W. Norton &amp; Company.</p> <p>Dafny, H. A., Waheed, N., Cabilan, C. J., Johnston, S., Pearson, V., Adams, A. M., Phillips, C., Brown, S., &amp; McCloud, C. (2024). Effectiveness of interventions for the prevention or management of workplace violence in student nurses during clinical placement: A systematic review. <i>Journal of Advanced Nursing</i>, 81(3), 1142–1171.  <a href="https://doi.org/10.1111/jan.16357">https://doi.org/10.1111/jan.16357</a></p> <p>Hallett, N., Gayton, A., Dickenson, R., Franckel, M., &amp; Dickens, G. L. (2023). Student nurses' experiences of workplace violence: A mixed methods systematic review and meta-analysis. <i>Nurse Education Today</i>, 128, 105845. <a href="https://doi.org/10.1016/j.nedt.2023.105845">https://doi.org/10.1016/j.nedt.2023.105845</a></p> <p>Portela, C., &amp; Silva, R. R. (2018). Crisis and the neurobiology involved in the development of consequent mental illness. <i>Current Psychiatry Reviews</i>, 14(4), 000-000.  <a href="https://doi.org/10.2174/1573400514666181030112350">https://doi.org/10.2174/1573400514666181030112350</a></p>					

	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. <i>Western Journal of Emergency Medicine</i> , 13(1), 17–25. <a href="https://doi.org/10.5811/westjem.2011.9.6864">https://doi.org/10.5811/westjem.2011.9.6864</a>
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Date:	2/23/25

## De-escalation Debrief and Discussion for Students

### Prevention:

- Therapeutic Presence & Trauma and Violence Informed Care
  - How can understanding a patient's trauma help you maintain a therapeutic presence?
  - What are some verbal and non-verbal strategies you can use to establish trust and reassure a patient who may be fearful, increasingly stressed/agitated, or ruminating?
- Nursing considerations
  - What considerations do you have for safety when you enter a patient's room who is agitated?
  - Is there a pathophysiological or neurodevelopmental reason(s) a patient is having agitation? What can help prevent restraint use?

### Intervention:

- Intervention and De-escalation
  - What are some reasons we prioritize de-escalation?
  - What strategies can you use to maintain a calm and controlled presence when faced with feelings of fear from aggression?
  - Describe de-escalation techniques you could use if someone was verbally assaultive?
  - What is your course of action if someone is physically assaultive (throwing items, posturing, attempts at physical contact, physical threats of violence) towards you or other staff?
  - What ethical considerations are considered with restraint?

### Debriefing:

- Violence Debriefing
  - Why would debriefing an aggressive event be helpful for the team?
- Nursing Self-care
  - What stress management techniques work best for you when dealing with high-pressure and/or violent situations?
  - Can you give an example of how you might communicate safety needs with your faculty, preceptor, or leadership?
  - How can you balance compassion with maintaining emotional boundaries to protect yourself from distress?
- Policy and Incident reporting
  - Can you discuss why reporting acts of violence is important?

## **Workplace Violence/De-escalation Discussion & Debrief Faculty Facilitation Guide**

### **Brief findings**

- Workplace violence impacts nursing students: feelings of fear, stress, anxiety, powerlessness, loss of confidence
- Some consider leaving nursing r/t these experiences
- Sexual harassment may make students avoid certain patients
- Research suggests training students in handling violent incidents, improving conflict resolution, resilience building, preventative strategies, peer support, and discussion of policy/incident reporting
- Nurses that discuss events with colleagues experience lower stress levels than those who internalize them

### **Prevention:**

- Therapeutic Presence & Trauma and Violence Informed Care
  - **How can understanding a patient's trauma help you maintain a therapeutic presence?**
    - Recognizing people's lived experience, their window of tolerance decreasing in stressful situations where they may feel out of control
    - Consider stressors of hospitalization
    - Consider personal implicit bias or stigma of marginalized communities
  - **What are some verbal and non-verbal strategies you can use to establish trust and reassure a patient who may be fearful, increasingly stressed, or ruminating?**
    - Be cautious of power dynamics, ensure an authentic and congruent tone of care
    - Be aware of non-verbal communication
    - Promote patient autonomy and shared decision-making, allow patient to express concerns
    - Set boundaries for expectations of care
- Nursing considerations
  - **What considerations do you have for safety when you enter a patient's room who is agitated?**
    - Think situational awareness, items in the room that can be used as weapons, patient belongings, having an exit or a way to call for help.
    - Minimize overstimulation, cluster care
  - **Can you identify pathophysiological or neurodevelopmental reason(s) a patient is having agitation? What can help prevent restraint use?**
    - Electrolyte imbalances, metabolic disturbances, pain, difficult for patients to "conform" (cognitive functioning) in crisis situations, sensory agitation, difficulty understanding timeline of hospitalization
    - Consider PRN medication, pain management solutions, utilize your preceptor/team/charge RN, contacting providers for mental status change, adapt the way you're speaking/explaining, attempt to create a low stimulation environment, ask for help sooner rather than later

### **Intervention:**

- Intervention and De-escalation
  - **What are some reasons we prioritize de-escalation?**

- Encourage growth promotion in patients (and ourselves): Learning from crisis, emotional regulation, problem solving, identifying coping skills
- Avoid seclusion, restraints, avoid further escalation
- **What strategies can you use to maintain a calm and controlled presence when faced with feelings of fear?**
  - “Shuttling down” into one’s body, a reminder to ground yourself and the nervous system. “Shutting up” into your mind to make important decisions regarding care, i.e., if this person isn’t calming, how can I call for help? What are my next steps if a code gray has to be called?
- **Describe de-escalation techniques you could use if someone was verbally assaultive?**
  - Assertiveness, enforcing previously discussed boundaries (boundaries are a two-way street others must attempt to respect set boundaries, and boundaries that are set need to be enforced), being mindful of nonverbal communication, speak in a calm direct tone, redirection, use “When you say these things, I hear that that you feel ...” “Can you help me understand why ...” statements.
  - If you are having a difficult time de-escalating a patient, consider “tapping out” and seeing if a fresh face will help the situation
- **What is your course of action if someone is physically assaultive (throwing items, posturing, attempts at physical contact, physical threats of violence) towards you or other staff? What ethical considerations are considered with restraint?**
  - Maintain a safe distance, allow space, speak in a calm but direct manner, use few words, call for help, do not attempt to restrain a patient alone
  - In the event of restraint use, follow hospital policy, provider order.

## Debriefing:

- Violence Debriefing
  - **Why would debriefing an aggressive event be helpful for the team?**
    - Review what triggered the event, discuss alternative strategies, discuss team strengths, consider areas of growth, ensure emotional well-being of those involved, improve patient safety
- Nursing Self-care
  - **What stress management techniques work best for you when dealing with high-pressure and/or violent situations?**
  - **Can you give an example of how you might communicate safety needs with your faculty, preceptor, or leadership?**
  - **How can you balance compassion with maintaining emotional boundaries to protect yourself from distress?**
    - Using reframing as a cognitive technique. “This is not about me.” Seeing aggression as a symptom of unmet needs, confusion, lack of control, intoxication, metabolic concerns etc.
    - We can acknowledge events without internalizing them and use our own coping skills to decompress.
- Policy and Incident reporting
  - **Can you discuss why reporting acts of violence is important?**
    - Internal information gathering can help promote change in policy, how code grays are organized and prioritized, how agitation medication protocols are used, and improves workplace safety and training

- It can help collect data for the type of violence and amount of violence that is happening on units