



SCOPING REVIEW OF VERBAL DE-ESCALATION IN PSYCHIATRIC EMERGENCY

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ABSTRACT

This article presents an in-depth literature review on the practices and significance of verbal de-escalation in psychiatric emergency situations. Verbal de-escalation is a communication strategy aimed at reducing tension and conflict in psychiatric patients experiencing crises. The aim of this research is to explore the effectiveness of various training methods in implementing verbal de-escalation techniques in psychiatric emergencies. The research method with scoping review, this article provides an overview of the concept of verbal de-escalation, commonly used techniques, and its positive impact on enhancing safety and intervention effectiveness in psychiatric emergencies. Additionally, the article identifies factors influencing the success of implementing verbal de-escalation and emphasizes the need for training and a holistic approach in managing psychiatric emergencies. The findings of this research can offer insights for practitioners, researchers, and policymakers in improving the quality of psychiatric emergency services through the effective implementation of verbal de-escalation strategies.

Keywords: emergency; psychiatric; verbal de-escalation

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INTRODUCTION

Psychiatric emergency refers to a disorder and/or alteration in behavior, thought, or emotion that is preventable or treatable, prompting the patient, friends, family, environment, community, or professionals to seek immediate, fast, and appropriate psychiatric medical assistance. This is crucial as the condition can threaten the physical integrity of the patient, others, the psychological integrity of the patient, and the psychological integrity of their family or social environment (Pragholapati et al., 2024). Psychiatric emergencies can occur in an individual or a group of people collectively. Additionally, these situations may arise due to limitations in the individual's age, intelligence, illness, or emotions at that particular time (Kementrian Kesehatan, 2010; Pragholapati et al., 2023).

The diagnosis of psychiatric emergencies includes panic disorder, psychotic disorder, conversion disorder, and agitated distress (Kemenkes, 2009). Medical personnel in the Emergency Department (ED) have the potential to handle agitated distress patients on a daily basis (Hidayati, 2020; Schneider & Weber-Papen, 2017). Untreated agitated distress patients are at risk of self-harm and pose a potential threat of suicide to themselves and those around them (Hidayati, 2020; McClure et al., 2015; Sani et al., 2011; Schneider & Weber-Papen, 2017).

Uncontrolled agitated distress patients are at risk of violent behavior (Malfasari et al., 2020). Patients at risk of violent behavior can cause harm to themselves, others, and the environment (Endriyani et al., 2023; Malfasari et al., 2020). The risk of violent behavior involves actions intended to cause physical and psychological harm to oneself, others, and the environment through actions or verbal means (Persatuan Perawat Nasional Indonesia, 2016). Early non-pharmacological intervention, following international guidelines for violence and aggression management, includes verbal de-escalation (Garriga et al., 2016; Lindayani et al., 2021). Secondary management strategies, such as rapid tranquilization, physical intervention, and seclusion, should only be considered after verbal de-escalation and other strategies have failed to calm the service user (Du et al., 2017). The objective of this research is to describe verbal de-escalation in psychiatric emergencies. The aim of this research is to explore the effectiveness of various training methods in implementing verbal de-escalation techniques in psychiatric emergencies.

METHOD

A Scoping review of various database records was conducted, following a predefined protocol previously approved by the revision team to minimize publication bias and selection risks, thereby ensuring optimal organization and content. This was achieved by adhering to the rules set forth in the PRISMA declaration (Preferred Reporting Items for Systematic Review and Meta-Analyses). Following evidence-based clinical practices and employing the PICO format (see Table 1). The literature review was conducted between September 2023 and December 2023, utilizing the following databases: Scopus, PubMed, and Semantic Database, adapting search terms for each meta-search engine. The search and selection of studies were primarily conducted by the lead researcher and reviewed by a third-party researcher.

Table 1.
Structure of the research question through the population, intervention, comparison, and outcomes (PICO) format

Population	emergency psychiatric patients
Intervention	de-escalation
Comparison	-
Outcomes	Prevent or reduce escalation behavior of emergency psychiatric patients

RESULTS

A total of 402 studies were initially selected following the first round of screening (see Figure 1). After reviewing titles and abstracts, studies that did not provide relevant data for this research were excluded. Among these studies, 54 were removed due to duplication. Upon assessment, those meeting the pre-established inclusion criteria were selected, resulting in a total of 10 records. These included two quasi-experiments, mixed methods, interventions, surveys, RCTs, case reports, and two letters to the editor. Three were excluded due to demonstrating low-quality evidence. Following this process, and as observed in the final selection phase, seven studies met the quality criteria established during the critical reading phase, comprising two quasi-experiments, one mixed method, one intervention, one survey, one RCT, and one case report.

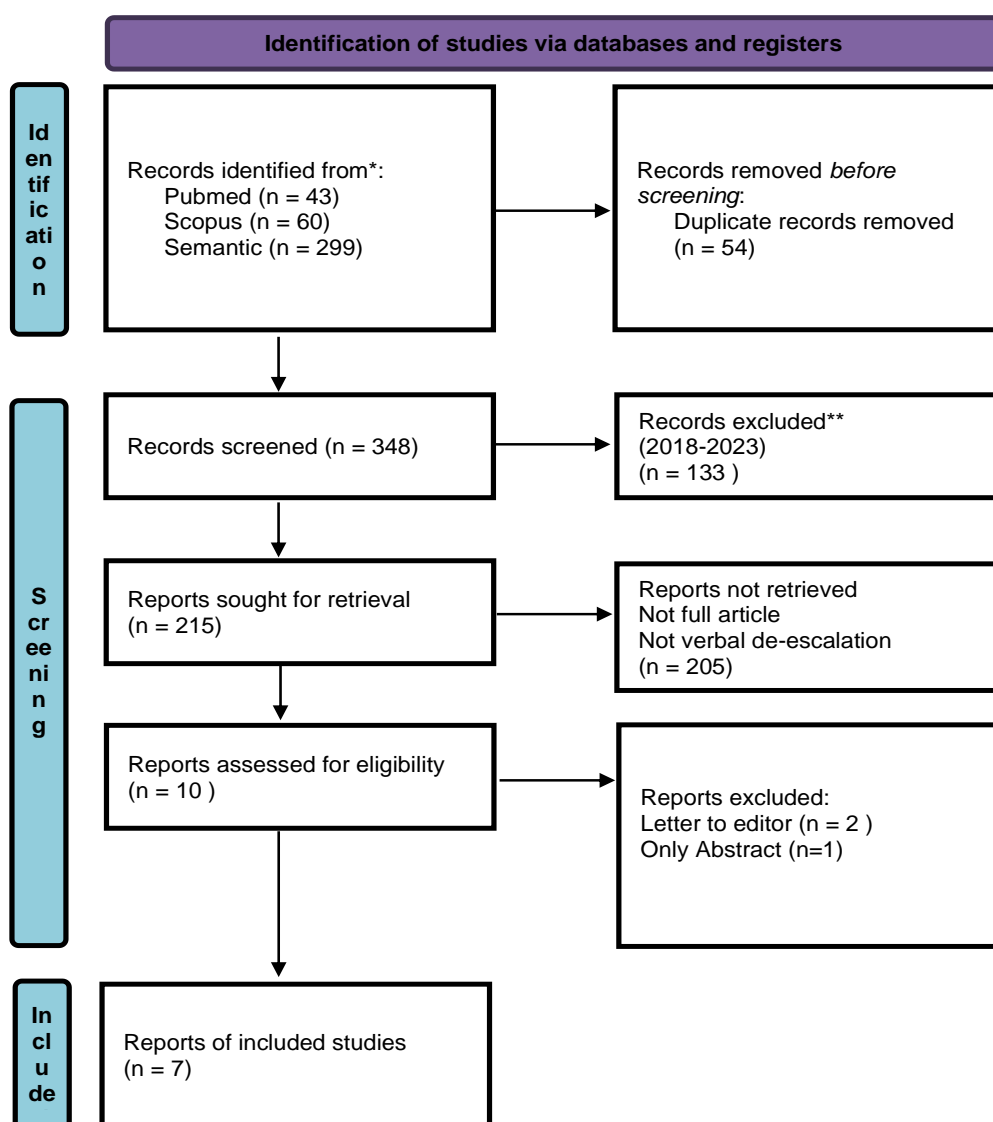


Figure 1. Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flow chart for the process of selection of studies in systematic reviews adapted from (Moher D Tetzlaff J Altman Dg, 2009)

Table 2.
Studies of Verbal De-Escalation in Psychiatric Emergency

Writer	Year	Title	Method	Results	Conclusion
(Martínez et al., 2023)	D. C. Martínez, S. R. Perdigues, A. M. G. Fresnedo, M. B. González, Á. M. Amor, and L. M. M. López (2023)	Verbal de-escalation to reduce the use of mechanical restraint during nonvoluntary ambulance transfers.	Quasi-experimental before-after study.	Patients in 633 nonvoluntary transfers were included. Mechanical restraints were used in 42.0% of transfers before de-escalation training and in 20.6% of transfers afterwards,	Annual training in verbal de-escalation techniques following the BETA project's recommendations led to a 50% reduction in the need to use mechanical restraint during nonvoluntary

Writer	Year	Title	Method	Results	Conclusion
		<i>Emergencias</i>		reflecting a 50.1% reduction. Logistic regression identified younger age and the presence of psychotic symptoms as factors associated with the use of restraints; the use of verbal de-escalation was a protective factor (P < 0.005).	ambulance transfers of patients with mental health problems
(Moore et al., 2022)	N. Moore, N. Ahmadpour, M. Brown, P. Poronnik, and J. Davids (2022)	Designing Virtual Reality–Based Conversational Agents to Train Clinicians in Verbal De-escalation Skills: Exploratory Usability Study	This was a mixed methods study.	Application training Code Black VR verbal de-escalation accepted with Good . Findings This strengthen factors in framework existing design and identified 3 factors _ new — drunk travel , perceived value , and privacy — necessary considered in development future applications . _	Verbal interaction with virtual agent is feasible done For practice staff in verbal de-escalation skills . This is an effective medium For complete training doctor in verbal de-escalation skills .
(Haefner et al., 2020).	A Quality Improvement Project Using Verbal De-escalation to Reduce Seclusion and Aggression in an Inpatient Psychiatric Unit	The study used a quasi-experimental design to implement the TeamSTEPPS educational program to inform nurses about verbal de-escalation	The implementation of the TeamSTEPPS educational program resulted in a statistically significant difference in the rate of charting aggressive behavior , with a pre-rate of 17.3% and a post-rate of 11.4% . Although there was not a statistically significant difference in the rate of seclusion	The study supports the importance of educating psychiatric nurses on verbal de-escalation to reduce patients placed in isolation and decrease patients' aggressive behavior in psychiatric settings	

Writer	Year	Title	Method	Results	Conclusion
(Bodic, 2023)	M. Bodic (2023)	Avoiding the Chill Pill-Results from a Simulation-Based Verbal De-escalation Training for Psychiatry Residents in a Community Mental Health Center	IRB-exempt prospective quality improvement study evaluating a simulation-based curriculum for training psychiatric residents in verbal de-escalation techniques.	Data from pre- and post-intervention APSP responses were analyzed using the student's paired t-test. Residents felt significantly more comfortable handling verbal de-escalation post training (score of 6 vs. 8, P<0.0001) and more competent evaluating and managing agitated patients (6 vs. 8, p<0.0001). They showed significant (p<0.05) changes in attitudes around seclusion and restraints and causes of agitation on MAVAS. The most used de-escalation interventions were: Explaining the situation and process, Summarizing the content, and Identifying	show training based simulation succeed overcome gap practices and knowledge that matter and provide structure on approach based customized protocol _ For handle The patient is restless , especially in the room terrible busy emergency _

Writer	Year	Title	Method	Results	Conclusion
(Krull et al., 2019)	W. Krull, T. M. Gusenius, D. Germain, and L. Schnepper (2019)	Staff Perception of Interprofessional Simulation for Verbal De-escalation and Restraint Application to Mitigate Violent Behaviors in the Emergency Department	Perception participant collected in survey before and after and analyzed using Bowker's symmetry test .	<p>patient's feelings, wants and needs. Triggering behaviors included interrupting/talking over the patient, not prioritizing patient's needs, insisting on using medications.</p> <p>Participant in study This part big consists from RN, with experience more from 5 years in role they moment This . Analysis pre-survey and post-survey show significant changes _ in a way statistics in category knowledge , skills , abilities , beliefs self , and readiness For all over groups and in particular for RNs. Satisfaction to design learning and simulation varies between discipline science , with nurse , assistant maintenance patients , and staff security report level more satisfaction _ tall compared to with staff service social . Trust _ self in learning is also different real between nurse , officer security , and officers service social . Participant with experience more A little report satisfaction more tall to bait return given _ in experience simulation compared to with those who have experience more</p>	The use of simulation for hands-on application of restraints and promoted effective communication and teamwork among team members.

Writer	Year	Title	Method	Results	Conclusion
(Čelofīga et al., 2022)	A. Čelofīga, B. K. Plesničar, J. Koprivšek, M. Moškon, D. Benkovič, and H. G. KUMPERŠČAK (2022)	Effectiveness of De-Escalation in Reducing Aggression and Coercion in Acute Psychiatric Units. A Cluster Randomized Study.	A multi- center cluster randomized study	from 16 years . The study included a total of 6,401 patients, with 3,190 in the baseline period and 3,211 in the intervention period. The actual number of patients was lower due to readmissions during the study. There were no differences in patients between the experimental and control groups in most sociodemographic and clinical characteristics. The proportion of involuntary admitted patients was higher in the control group compared to the experimental group in both study periods.	De-escalation training was effective in reducing the incidence and severity of aggression and the use of physical restraints in acute psychiatric units. The duration of restraint episodes did not decrease significantly after the implementation of de-escalation.
(S. Simpson et al., 2019)	S. Simpson, J. Sakai, and M. Rylander (2019)	A Free Online Video Series Teaching Verbal De-escalation for Agitated Patients.	Case Reports	Study This involving 151 students medical year third to finish video curriculum on verbal de-escalation . Most of the student report No accept instructions previously about evaluation verbal agitation and de-escalation . However after finish training , there is substantial and significant increase in comfort , confidence _ self , and a sense of security student moment face anxious patient . _ Enhancement This observed regardless from experience previously or month rotation .	Video curriculum on effective verbal de-escalation in increase comfort , trust self , and a sense of security student medical when face anxious patient . _

Writer	Year	Title	Method	Results	Conclusion
				Effect intervention still There is even after control instruction and experience previously . Curriculum This considered new and valuable by the students , and the majority agree that curriculum the easy followed and relevant with practice clinical . Assessment score high knowledge , shows _ success acquisition knowledge . By overall , curriculum the effective in increase skills and attitudes student to verbal de-escalation .	

DISCUSSION

Based on the research findings presented, several important findings and implications can be drawn concerning the use of verbal de-escalation techniques in psychiatric emergency situations.

Periodic Training Enhances De-escalation Effectiveness:

The results from the study by Martínez et al. (2023) indicate that annual training in verbal de-escalation techniques significantly reduces reliance on the use of mechanical restraints during ambulance transfers. The implication is the need for emphasis on ongoing training for mental health professionals, considering the latest recommendations and best practices to ensure effective implementation.

Interprofessional Simulation Shapes Positive Perceptions:

Krull et al.'s (2019) study suggests that interprofessional simulation can positively influence staff perceptions related to verbal de-escalation and restraint application. This emphasizes the importance of comprehensive training approaches involving various mental health professions to understand and respond to situations more effectively. Verbal de-escalation is a technique used to defuse potentially violent situations through effective communication strategies. The provided sources do not directly address the topic of verbal de-escalation. However, they mention the use of simulation training to enhance staff knowledge, skills, and abilities in managing patient violence in the emergency unit. It can be concluded that simulation training may include verbal de-escalation techniques as part of a broader goal to improve staff readiness in handling potentially violent patients. The use of simulation training allows for direct practice and encourages effective communication and teamwork among team members. While these sources do not provide specific details about verbal de-escalation techniques, the emphasis on interprofessional education and communication suggests that these skills are likely addressed in simulation training programs.

Virtual Reality Technology as an Effective Training Tool:

The results of Moore et al.'s (2022) study offer new insights regarding the implementation of virtual reality technology in training verbal de-escalation skills. The use of VR-based training applications was well-received and considered effective. This indicates significant potential in leveraging advanced technology as an innovative training tool in the mental health context.

Role of Verbal De-escalation in Aggression and Restraint Reduction:

Findings from Haefner et al. (2021), Celofiga et al. (2022), collectively indicate that verbal de-escalation strategies are effective in reducing the use of seclusion, aggressive behavior, and restraint actions. This provides a foundation for integrating de-escalation approaches into patient management protocols, with the potential to create a safer environment and reduce the risk of restraint actions.

Simulation-Based Training Builds Practitioner Competence:

Bodic's (2023) study demonstrates that simulation-based training successfully addresses practice and knowledge gaps in verbal de-escalation. This provides a basis to suggest that this training approach can be broadly applied, especially in dealing with agitated patients, including in busy emergency room settings. Overall, the findings from these literature studies indicate that verbal de-escalation is not only an effective strategy in reducing violence and restraint actions but also can enhance the skills and perceptions of mental health practitioners. By incorporating sustainable approaches, interprofessional simulation, and innovative technology, practitioners can be better prepared to face complex challenges in managing psychiatric emergencies and improve the quality of care.

This literature review confirms that the implementation of verbal de-escalation techniques has a positive impact on reducing the use of mechanical restraints, improving staff perceptions, and creating a safer environment in various mental health service contexts. This strategy emerges as a potentially effective approach to address challenges in managing patients with complex psychiatric conditions. Verbal de-escalation is an effective approach in emergency psychiatry for reducing aggression and violence. It involves verbally engaging with the agitated patient to build trust and establish a collaborative patient-staff relationship (Haefner et al., 2020; S. A. Simpson et al., 2019). Studies have shown that verbal de-escalation interventions can help patients regain control of their behavior, emotions, and distress, leading to a decrease in aggressive incidents and the use of restraints (Čelofiga et al., 2022; Moore et al., 2022). Training in verbal de-escalation has been found to be beneficial in reducing the need for mechanical restraints in patients with Paranoid Schizophrenia during non-voluntary transfers to the psychiatric emergency department (Ruiz et al., 2022). (Choi et al., 2019) and (Price et al., 2015) both highlight the potential of psychiatric rapid response teams (RRTs) and de-escalation techniques training in reducing adverse outcomes related to behavioral health in hospitals. However, (Price et al., 2015) also notes the limited evidence on the effectiveness of de-escalation techniques training in practice. (Price et al., 2018) further explores the factors influencing the success or failure of de-escalation techniques, emphasizing the need for a continuum between support and control.

CONCLUSION

Through an in-depth literature review, it has been found that the implementation of verbal de-escalation is not only capable of reducing tension and conflict in psychiatric patients experiencing crises in psychiatric emergencies but also has a positive impact on enhancing safety and intervention effectiveness. The results of this research are the effectiveness of training methods in implementing verbal de-escalation techniques in psychiatric emergencies

can vary based on the specific approach used. Interactive role-playing, simulation-based training, and a combination of crisis intervention and communication skills training have been shown to be effective in enhancing professionals' ability to manage aggressive behaviors in mental health settings. Ongoing practice and feedback are also crucial in maintaining and improving de-escalation skills over time.

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