

BACKGROUND

Restraint and Seclusion (R/S) have historically been viewed as therapeutic for aggressive patients,¹

- Threatening or violent behavior by patients results in increased physical and mental injury to patients and staff.²
- R/S use has been suggested as a last option only.
- De-escalation techniques have been introduced as a viable option to R/S.
- There is little research about the efficacy of de-escalation, and there is no single guideline or standard for practice.

OBJECTIVES

- To synthesize the best available evidence regarding effectiveness of de-escalation and R/S at reducing physical and mental injury to staff and patients on inpatient psychiatric units.

METHODOLOGY

KEYWORDS

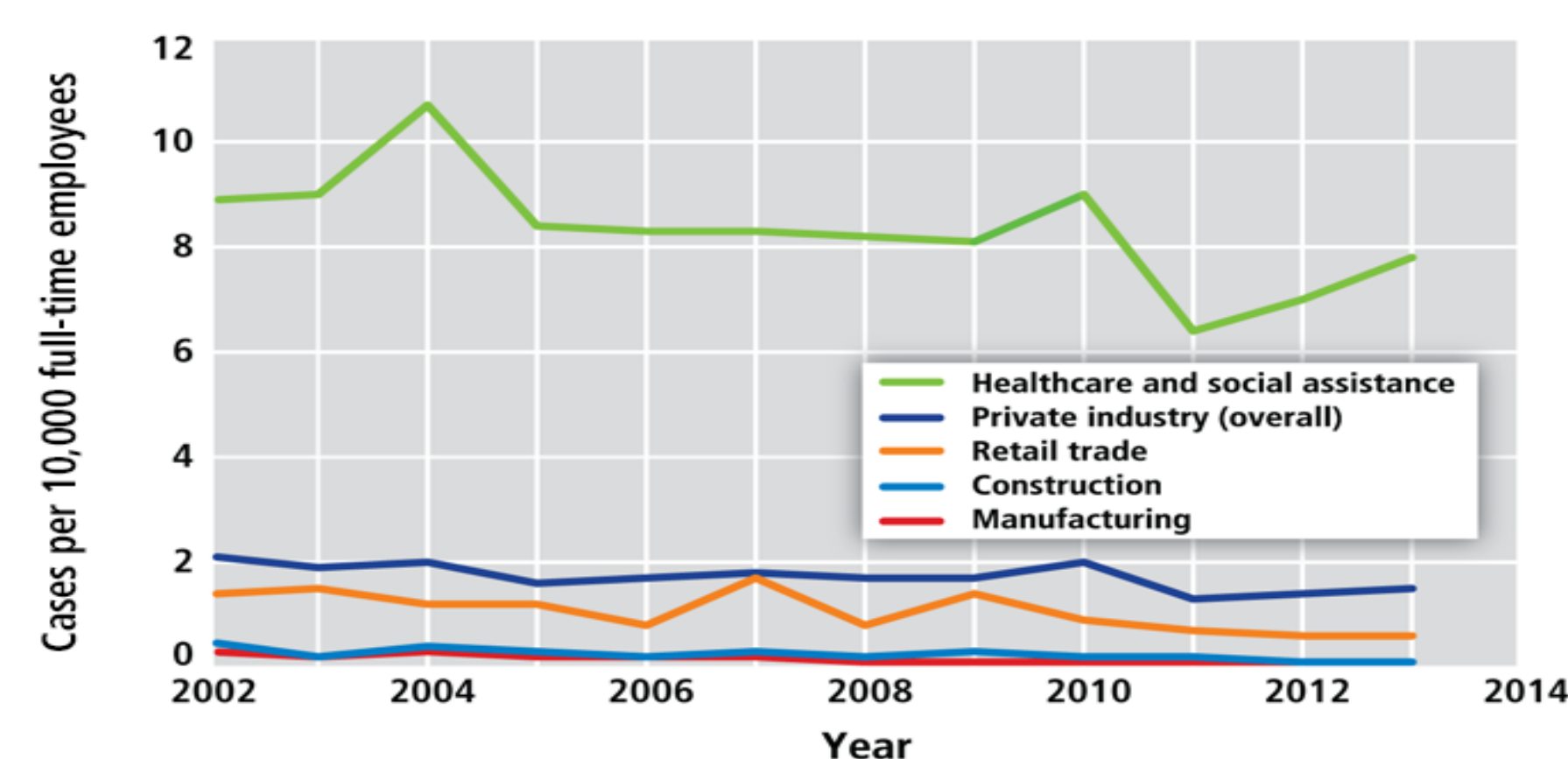
workplace, violence, aggression, nurses, care staff abuse, assault, interventions, effectiveness

INCLUSION CRITERIA

- Adults 18 and above, aggressive/violent patients on inpatient psychiatric units.
- Studies that evaluate effectiveness of R/S and de-escalation

SEARCH STRATEGIES

- Medline (OVID), CINAHL (EBSCO), Academic Premiere, Web of Science, DARE, Scopus, Cochrane, and PsycINFO.



Data source: Bureau of Labor Statistics data for intentional injuries caused by humans, excluding self-inflicted injuries.

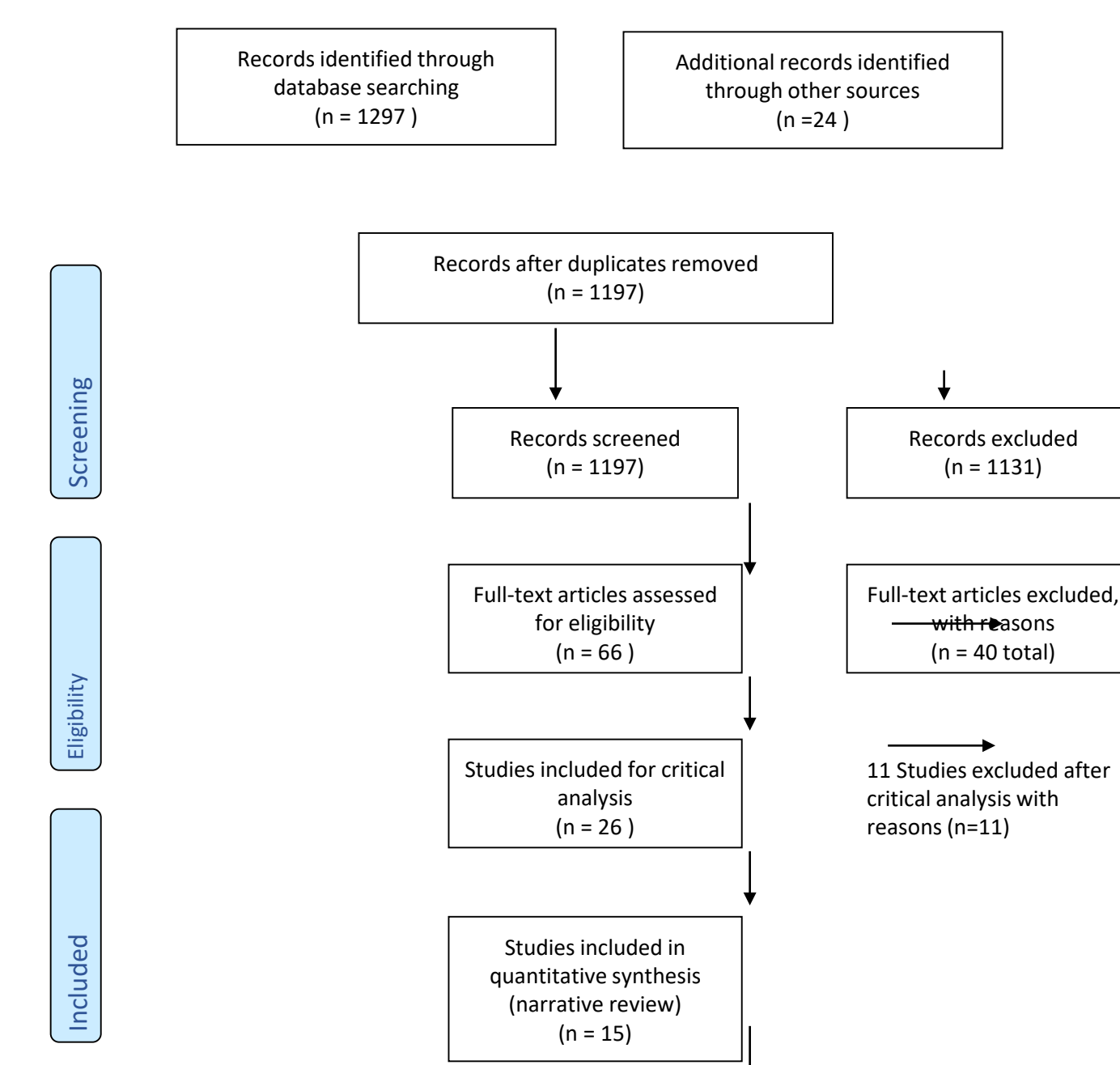
METHODOLOGY

DATA EXTRACTION

- Standardized data extraction tool from JBI-MAStARI.
- Studies assessed by two independent reviewers and conflicts resolved by third reviewer.
- Studies were included if they met any 4 out of the total criteria of the JBI-MAStARI critical appraisal instrument.

DATA SYNTHESIS

- Quantitative data could not be pooled for statistical meta-analysis.
- The findings from this review were reported in narrative form.



RESULTS

- De-escalation is an umbrella term for interventions aimed at decreasing aggression/violence.
- There is not a single approved definition for de-escalation.
- Lack of RCT that examine the efficacy of R/S and de-escalation.
- No overall consensus for efficacy of interventions.
- Studies included interventions that were not effective at decreasing injury to staff and patients, and some saw an increase in injury.
- Due to lack of studies, de-escalation as an intervention was broadened to include any non-R/S intervention aimed at decreasing aggression, violence.
- There is a lack in oversight in de-escalation programs marketed to institutions.
- De-escalation programs marketed to institutions may lack best evidence-based practices.
- All studies included in the review that offered interventions for aggression/violence management to patient's patients saw a decrease in aggression, violence and injury.
- De-escalation and or R/S training was effective in approximately half of the studies where the intervention was offered to staff.

CONCLUSION

- Comprehensive examination of evidence revealed the effectiveness of de-escalation is highly variable, and on-going and systematic implementation of these interventions in practice jeopardizes patient and staff safety.
- Lack of oversight into evidence-based interventions for least restrictive measures has spawned many techniques that lack reliability and best practice backed by evidence.
- More research is needed that compares the effectiveness of de-escalation to R/S at decreasing injury in inpatient psychiatric settings.

IMPLICATIONS FOR RESEARCH

- De-escalation is an umbrella term that encompasses many different techniques used to diffuse aggression and violence.
- More research is required to identify if de-escalation techniques are more effective at reducing injury than R/S.
- There is a need for well-designed RCTs, or quasi-experimental studies that compare these interventions preferably with randomization to experimental and control groups.
- Extended follow-up is needed, reasonable sample size, objective methods for collecting data and similar outcome measures that address effectiveness of interventions on inpatient psychiatric units.

EVIDENCE TRANSLATION

- Finding were presented at an Urban Medical Center during Nursing Ground Rounds on November 26, 2019. 1 CEU/CME was offered to participants.

REFERENCES

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3. Muralidharan, S., & Fenton, M. (2006). Containment strategies for people with serious mental illness. *Cochrane Database of Systematic Reviews*