

Introducing Simulation Using INACSL Best Practices in a Behavioral Health Clinical Course

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Introduction

Background

Historically, simulation was not integrated into the undergraduate behavioral health clinical courses at California State University, Bakersfield (CSUB). To address this gap, a CSUB nursing faculty member designed a simulation scenario focused on behavioral health crisis de-escalation. This scenario provides nursing students with a structured opportunity to practice therapeutic communication and de-escalation techniques in a psychologically safe learning environment—skills that are critical when caring for clients experiencing mental health emergencies.

Significance

Simulation in behavioral health nursing allows students to safely practice therapeutic communication and de-escalation techniques, which are essential for managing psychiatric crises and reducing the use of restraints (Celofiga, 2022; Piot et al., 2022). These experiences enhance confidence, clinical competence, and preparedness for real-world behavioral health settings (Jallad, 2024).

Problem

- Behavioral health simulation is underutilized in undergraduate nursing programs.
- Students have limited practice with therapeutic communication and de-escalation.
- This lack of exposure may reduce preparedness for psychiatric emergencies.
- High-impact simulations improve readiness for complex scenarios (Tong et al., 2021), but few faculty-designed options exist.



Purpose

This project aimed to design and implement a behavioral health simulation aligned with the Healthcare Simulation Standards of Best Practice® (INACSL Standards Committee et al., 2021), providing undergraduate nursing students at California State University, Bakersfield with a structured opportunity to practice therapeutic communication and de-escalation techniques in a controlled, realistic environment.

Disclosures

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Methods

This simulation was designed using the INACSL Healthcare Simulation Standards of Best Practice Simulation Design (INACSL Standards Committee et al., 2021) and the National League for Nursing simulation template to ensure consistency, realism, and educational value. The simulation case focused on de-escalating a behavioral health crisis using therapeutic communication.

Design

- A scripted standardized patient (SP) trained to portray an escalating behavioral health client.
- A pre-brief checklist for student nurses.
- An SBAR script for the medication nurse.
- A communication skills checklist aligned with course objectives.
- A structured debriefing guide to support reflection and learning.



Procedure

Two pilot simulation sessions were conducted, each with two student nurses. Students practiced therapeutic communication strategies, including calm tone, empathy, and respectful nonverbal behavior. One group successfully de-escalated the SP, while the second group did not. Faculty-led debriefing followed each session to explore communication effectiveness and emotional responses.

Standardized Patient

- CSUB Theatre student portrayed the escalating behavioral health client.
- SP was trained to respond to tone, body language, and communication style.
- Multiple rehearsals ensured emotional safety and role consistency.
- Theatrical training enhanced realism and maintained fidelity.
- SP use supported learning and reflected best practices (Ghorbani et al., 2024).



Implications

With full implementation underway, this behavioral health simulation offers a replicable model for preparing nursing students to manage behavioral health crises using therapeutic communication and de-escalation strategies. Integration of simulation into behavioral health courses supports national efforts to improve patient safety and reduce coercive interventions in behavioral health settings.

Discussions



Discussion

Following a successful pilot, the full simulation is being implemented in the undergraduate behavioral health course at California State University, Bakersfield. This high-fidelity scenario provided students with the opportunity to practice de-escalation skills in a safe, emotionally charged environment. Students reported increased self-awareness and emotional engagement during the experience, reinforcing the importance of therapeutic communication in psychiatric care.

The use of a trained actor from the CSUB Theatre Department to portray the escalating client enhanced realism and maintained consistency across sessions. The complexity and emotional intensity of the role required theatrical training to ensure safe and effective roleplay.

Limitations

Initial implementation was limited to a small cohort and learning outcomes have not yet been formally evaluated. Moving forward, faculty plan to gather data on student performance, emotional response, and simulation impact. Future refinements will include structured assessment tools, expanded SP training, and ongoing feedback to optimize educational value.

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