

Promoting Safer De-escalation Strategies on Inpatient Adolescent Psychiatric Units

Abstract

Background and Purpose: Adverse childhood experiences (ACEs) have many known long-term health consequences. There is a lack of standardized education for clinical staff in inpatient adolescent psychiatry on ACEs and TIC. The purpose of this quality improvement (QI) project was to provide an educational intervention to improve the perceived importance, confidence, and self-efficacy to utilize ACEs and TIC content to promote safer de-escalation events.

Methods: This QI project was a 60-minute registered nurse-led educational offering titled, “Understanding the Effects of Trauma on Mental Health.” This intervention was developed for nurses and mental health workers employed on the male and female adolescent psychiatric inpatient units at a mental health facility in Baltimore, Maryland for two days on each unit. The presentation was based on a validated resource by the Trauma-Informed Care Implementation Resource Center and was modified for participant completion during and after the educational offerings. The surveys used a 5-point Likert scale and multiple choice questions. Participants also completed post-intervention attitudes assessment surveys at the conclusion and several weeks after the intervention.

Results and Conclusion: Fifteen participants completed the intervention. There was an average 18 point improvement in pre- to post-intervention scores. However, six weeks post intervention, there was decreased awareness of utilizing trauma informed care strategies when interacting with potentially aggressive or agitated patients.

Implications: Based on the literature, attitudes towards reducing seclusion and restraint methods were mixed. Future research should investigate means to allow psychiatric mental health workers and nurses to discuss their individual attitudes towards seclusion/restraint and prevailing norms on their units. Nurse-led learning opportunities to increase TIC or ACEs knowledge should occur at least once quarterly in order to decrease physical restraint use and promote attitudes for improved trauma informed care practice on psychiatric inpatient units.

Keywords: Psychiatric Emergencies; Crisis Intervention; Stress and Trauma Related Disorders; Trauma-Informed Care; Adverse Childhood Experiences