

Promoting Safer De-escalation Strategies on Inpatient Adolescent Psychiatric Units

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Introduction & Background

A mental health institution in Baltimore, Maryland sees the highest rates of seclusion and restraint on the male and female adolescent inpatient psychiatric units. Adverse childhood experiences (ACEs) are psychosocial factors which may have a significant negative impact on health¹. Adopting a trauma-informed care (TIC) approach means mental health professionals can better understand their patients' traumatic experiences, improve their therapeutic relationships, and engage patients in collaborative care². De-escalating agitated or aggressive patients should be performed by a skilled mental health clinician who can identify which components are needed in different situations, assessing which interventions are most effective in that moment, and contemporaneously maintaining the safety of the patients and staff who are present³. There is little research about the efficacy of de-escalating a psychiatric adolescent. Nursing staff receive conflicting advice and theories regarding de-escalation strategies most effective for the inpatient psychiatric population⁴. There is a gap in literature regarding best practice de-escalation interventions for the inpatient adolescent psychiatric population. Seclusion and restraint are seen as "last resort" strategies for clinical teams to manage youth aggression and agitation⁵.

Purpose & Aims

The purpose of this quality improvement (QI) project is to provide an educational intervention to improve the perceived importance, confidence, and self-efficacy of utilizing ACEs and TIC content to promote safer de-escalation events.

This QI aims to determine the impact of a nationally standardized TIC/ACEs education content on seclusion and restraint on the male and female adolescent inpatient psychiatric units as evidenced by:

1. Seclusion and restraint rates indicated on unit specific Dashboard pre- and post-intervention
2. Improved post-test scores at the end of the education program measured by using a modified module survey by Schmitz et al. (2019)⁷.
3. Measuring the impact of attitudes regarding verbal de-escalation strategies on unit culture on the inpatient adolescent psychiatric units using a modified Attitudes Related to Trauma-Informed Care survey⁶.

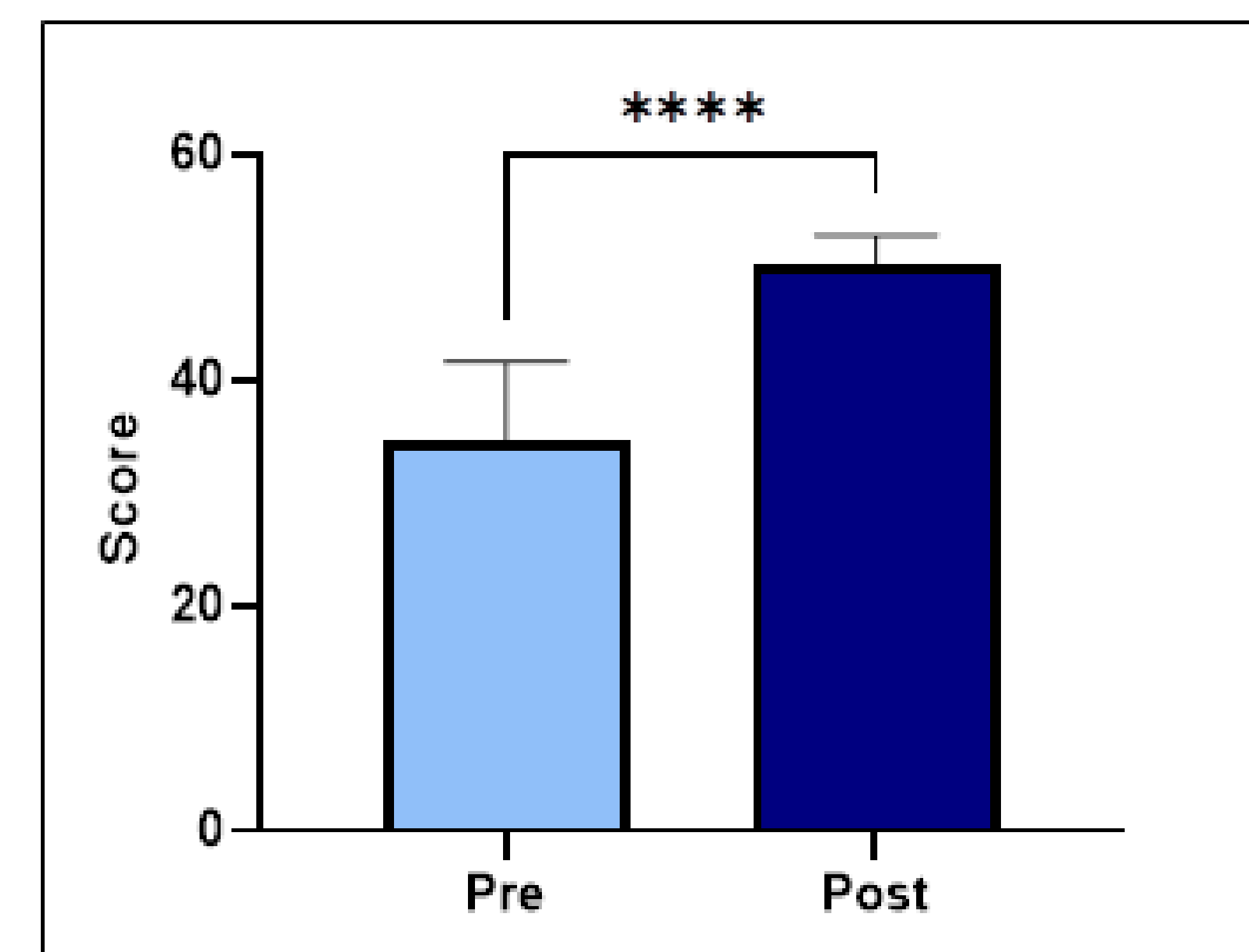
Intervention

- Four in-person trainings on the adolescent psychiatric inpatient units with synchronous Zoom, offered two days per unit
- One pretest, One posttest via Qualtrics
- One post-intervention attitudes assessment survey, One- 6 weeks post-intervention attitudes assessment survey via Qualtrics

Results

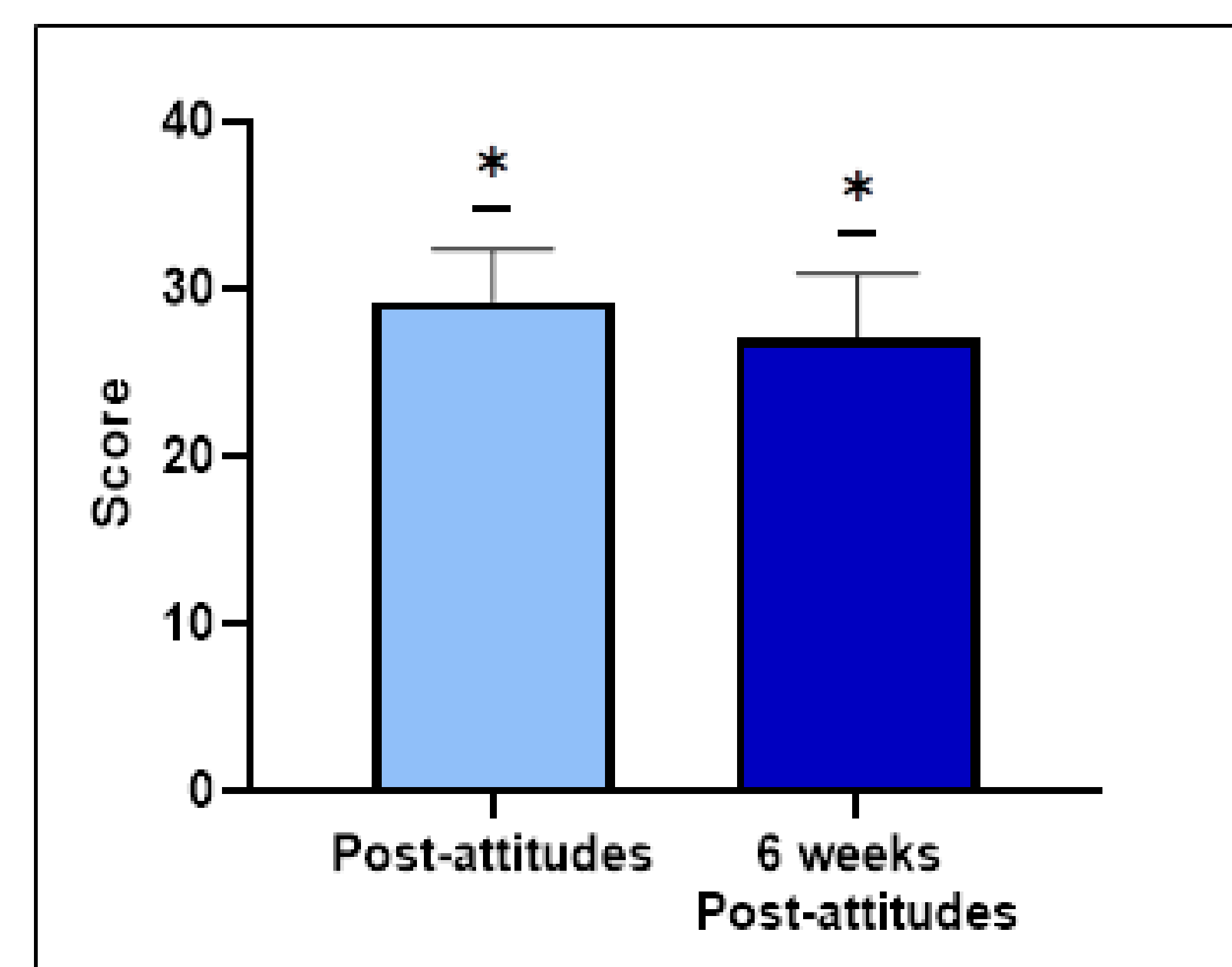
Fifteen participants completed the intervention. There was an 18-point improvement in pre-to post-intervention scores. However, six weeks post intervention, there was decreased awareness of utilizing TIC strategies when interacting with potentially aggressive or agitated patients.

Figure 1



Note. This is a comparison in the average scores for the pre-intervention and post-intervention surveys for the n = 15 participants. The results show that the average score for the pre-test was 34.6 and the average score for the posttest was 50.3.

Figure 2



Note. There were n = 15 participants, but only n = 8 were paired with post-attitudes assessment survey scores immediately upon completing the intervention and six weeks post the educational offering and the results showed that there is a decline in attitudes towards trauma informed care knowledge and therapeutic de-escalation strategies.

Methods

Design and Setting: Four group days on the adolescent psychiatric inpatient units at a mental health facility in Baltimore, Maryland.

Sample: The sample population consisted of 15 mental health nurses and mental health workers for the inpatient adolescent psychiatric care units

Measures: The post-intervention attitudes assessment survey titled "Attitudes Related to Trauma-Informed Care Scale⁶, a standardized tool to track attitudes for user ability to incorporate trauma-informed care practices. The validated pre- and posttests were adapted from an ACEs pre/posttest module survey by Schmitz et al. (2019)⁷.

Analysis: There was no descriptive data compiled for this QI. Paired t-test and Wilcoxon Signed Rank test were both used. All data were recorded on Qualtrics, then exported to excel spreadsheet, and imported to SPSS for analysis.

Conclusion

Clinical staff employed at a psychiatric institution must be prepared to de-escalate agitated or aggressive inpatient individuals. However, the focus of any seclusion/restraint reduction effort should include removing barriers that perpetuate their use and mitigate enablers towards containment reduction⁸. The present finding highlight the importance of seclusion and restraint reduction and use of therapeutic de-escalation strategies to promote patient safety and decrease the risk of re-traumatization.

Dissemination & Sustainability

Formal presentation to the adolescent inpatient psychiatric clinical staff, Director of Quality & Safety, and Director of the Education Department. Incorporate quarterly training with components of the pre- and posttest, attitudes assessment survey and the intervention PowerPoint in order to decrease physical restraint use and promote attitudes for improved TIC practice on psychiatric inpatient units.

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