The effect of staff training and video-based debriefing on staff confidence in handling aggression in a child psychiatry inpatient unit

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INTRODUCTION

Aggressive behavior in a healthcare setting, and particularly psychiatric setting, is of major concern and affects staff members, patients, and their families. Aggression may not only cause physical injuries, but can also have psychological consequences with high rates of stress and other sequelae in the organizational level. In child psychiatry inpatient setting the majority of the children (86%) receive a primary diagnosis of an externalizing disorder [1]. Aggression is one of the most frequently reported reasons for psychiatric hospitalization of children [2] and is one of the most frequent acts that precipitate restraint.

Various aggression management training formats have been described including face to face training, lectures, simulations and video-based training [3]. Video based debriefing (VBD) can potentially increase the staff knowledge, skills and confidence in handling aggressive situations in an inpatient as it, allows a meta-perspective view of one's performance and provides opportunity for mutual learning.

OBJECTIVES

1) The primary aim of the current study is to explore the effect of staff training and VBD on staff knowledge, self-confidence, and comfort in coping with aggression using video surveillance of real-life situations in a child psychiatry inpatient unit.
2) We further aimed to assess feelings of shame and emotions to the debriefing process.

METHODS

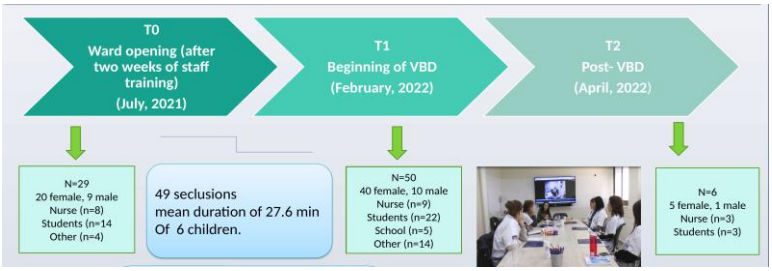
- Knowledge, self-confidence, and comfort in coping with aggression were assessed using questioners especially designed for this study at baseline (unit opening, T0), follow-up (pre-debriefing, T1), and post-debriefing (T2).
- "yellow line" - skills for recognition and management of early behavioral escalation
- "red line" - management of more severe physical aggression that requires putting the child in a seclusion room
- Video Based Debriefing
  - Senior staff members received one day training
  - Each discipline received twice monthly VBD with escalation episode using video surveillance
- Staff feelings and shame about the VBD were assessed using a subjective questionnaire and Experiential Shame Scale (ESS), respectively.



RESULTS

At baseline by 29 and at follow-up, 50 staff members completed the questioners. The groups were similar in sex, age, and discipline distributions (nurses, students and teachers).

➢ The majority of staff were involved in violence and aggressive episodes that needed seclusion (n=38, 76%).
➢ 16 (32%) reported being involved in more than 11 episodes.
➢ The majority reported that they were injured during one or more of the episodes (n=32, 64%).



➢ There was a significant decrease in the subjective report of knowledge, self-confidence, comfort, and "yellow line" and "red line" skills between T0 and T1 (Figure 1.).
Six individuals completed debriefing. Post-debriefing, there was an increase in all measured skills; however, this was not significant, maybe due to the small sample size. (Figure 2.)
➢ ESS scores were pre-debriefing were low as compared to the literature. Post-debriefing there was an increase in ESS scores, but this difference was insignificant (2.78±7.35 vs. 3.36±4.18, p= 0.43).



Figure 1: Subjective report of knowledge, self-confidence, comfort, and "yellow line" and "red line" skills between T0 and T1

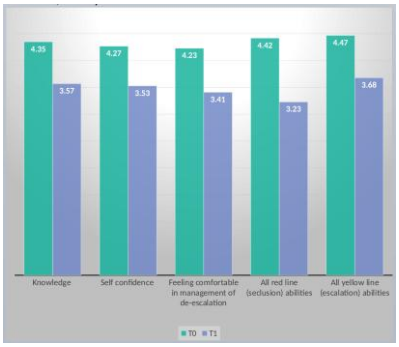
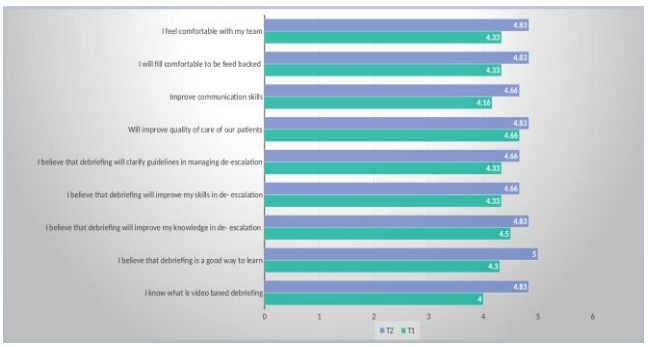


Figure 2: Subjective report of VBD skills between T1 and T2



CONCLUSIONS

➢ Staff training is essential and needs to be continuously performed to improve staff skills in managing aggression in child psychiatry settings.
➢ Preliminary results suggest that VBD is an effective tool. It should be considered in psychiatry units for the training of staff members and to improve knowledge and ability to manage aggression.
➢ Further research should address the effect of VBD on measurable outcomes of aggression.

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