Enhancing mental health staff confidence and skills in response to aggression and violence: a longitudinal study of aggression minimisation training

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Enhancing mental health staff confidence and skills in response to aggression and violence

A longitudinal study of aggression minimisation training

A thesis submitted in fulfilment of the requirements for the award of the degree

Doctor of Philosophy

from

University of Wollongong

by

Olga Ilkiw-Lavalle, BA (Psychology); M. Psych (Clinical)

Department of Psychology

2006
Thesis Certification

I, Olga A. Ilkiw-Lavalle, declare that this thesis, submitted in fulfilment of the requirements for the award of Doctor of Philosophy, in the Department of Psychology, University of Wollongong, is wholly my own work unless otherwise referenced or acknowledged. The document has not been submitted for qualifications at any other academic institution.

Olga Ilkiw-Lavalle

10 May 2006
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Abstract

Rationale: Aggression minimisation training is essential for mental health staff. No studies to date have investigated the impact of knowledge, prior learning and staff occupations on confidence. Additionally, no studies have followed-up trained staff following actual aggressive and violent incidents to investigate skills used, perceived confidence, fear and satisfaction with the management of incidents.

Aim: This research examines: i) the effectiveness of training in aggression minimisation on mental health staff confidence (Study 1) and; ii) the use of learnt skills on staff perceived confidence and fear during actual aggression and violence on inpatient mental health units (Study 2).

Method: 103 mental health staff were trained over two days in aggression minimisation. A knowledge evaluation, appraisal of skills questionnaire and the ‘Confidence in Coping With Patient Aggression Instrument’ were administered pre and post training to measure changes in knowledge, skills and confidence. Participants were subsequently followed up over 18 months. Forty-five trained staff were involved in 95 consecutive incidents of patient initiated aggression and violence. Following actual aggressive and violent incidents participants were interviewed on skills used from training and made ratings of their perceived fear, satisfaction in managing incidents, and completed the ‘Confidence in Coping With Patient Aggression Instrument’ in relation to the incident.
Results: Training led to significant increases in knowledge, skills and confidence. Key training skills subsequently used in actual incidents included verbal de-escalation, physical self-defence and team work. Staff perceived confidence during aggressive and violent incidents was lower in female staff and lower during highly fearful incidents. Male patients and patients displaying physically threatening behaviour evoked higher fear in staff. Staff perceived themselves to be also less confident in managing patients who were physically aggressive. Staff who were more afraid were more likely to use restrictive interventions such as seclusion.

Conclusion: Training increases staff confidence and improves skills. Ongoing education is important for all staff to reinforce learning, keep learnt skills current, and for targeting those incidents which are more fear evoking and for which staff lack confidence in managing.
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