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## Staff Education for Nurses and Mental Health Technicians

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# Walden University

College of Nursing

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Walden University

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Executive Summary: Staff Education Project  
Staff Education for Nurses and Mental Health Technicians

by

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Executive Summary Submitted in Partial Fulfillment  
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## Summary

Restraint and seclusion persist as considerable hazards to both patients and healthcare personnel in some mental health institutions. These interventions correlate with heightened trauma, injury, and extended duration of stay. The goal of the project was to instruct nurses and mental health technicians in verbal de-escalation strategies to diminish incidences of restraint and isolation as part of a practice reform initiative. Ten staff members engaged in pre- and post-training evaluations to assess knowledge, confidence, and readiness to apply de-escalation tactics. Data were examined using paired  $t$  tests. Results indicated statistically significant enhancements in staff knowledge, and confidence along with willingness to use de-escalation techniques, as evidenced by  $p$  values of  $<.001$ , respectively, accompanied by a 42% decrease in incidences of restraint and seclusion. These findings endorse the use of de-escalation training in employee onboarding and continuous professional development. The policy recommendation from the findings of this project was to increase awareness of verbal de-escalation by educating the staff during the onboarding process. Additionally, there should be clear protocols on how to handle escalation since de-escalation strategies promote trauma-informed care. Finally, staff should advocate leadership to maintain a restraint-free environment in the designated mental health facility.

The execution of the staff education initiative aimed at diminishing the utilization of seclusion and restraint in psychiatric environments fosters positive societal transformation by enhancing safer, more compassionate mental health care methodologies. This effort promotes a transition from reactive, coercive measures to

proactive, trauma-informed care, advantageous for both patients and healthcare practitioners (Maguire et al, 2019).

Reducing physical interventions mitigates the likelihood of psychological traumatization, bodily harm, and emotional turmoil. It cultivates a therapeutic atmosphere that promotes trust, autonomy, and dignity—fundamental components of patient-centered treatment. Trauma-informed methodologies have demonstrated efficacy in diminishing restrictive practices and improving outcomes in psychiatric populations across children, adolescents, and adults (Kelly et al., 2023).

Nursing personnel gain enhanced confidence in employing de-escalation techniques, fostering a more cooperative and courteous care atmosphere (Kelly et al., 2023). This mitigates staff burnout, elevates job satisfaction, and strengthens the therapeutic bond between staff and patients. Additionally, this enhances a more robust culture of safety and accountability. This initiative fosters social change by validating the rights and dignity of individuals undergoing mental health crises.

## **Background**

The application of restraint and seclusion is a prevalent, yet contentious, method in psychiatric treatment. Specifically, it can result in trauma, injuries, and patient-aggressive behavior toward nurses (Baby et al, 2018). Notably, this aggressive behavior puts the lives of both the patient and health care workers at risk. Also, aggressive behavior increases hospital stay duration for patients as they spend many hours in seclusion (Kim & Nam, 2024). The increasing recognition of these adverse effects has initiated a transition towards less restrictive alternatives, such as verbal de-escalation.

Verbal de-escalation is a communicative approach that enables staff members to address hostile conduct without the need for physical restraint or isolation (Gaynes et al., 2017). Verbal de-escalation is also a critical skill required in handling aggressive patients for their safety and the well-being of the staff. Recently, many organizations have been shifting to restrain-free models as a way of reducing aggressive behaviors in patients.

Despite evidence affirming its efficacy, numerous mental health facilities lack systematic training in de-escalation, resulting in inadequately trained staff (Kim & Nam, 2024). In this project, I examined the influence of staff training on the implementation of verbal de-escalation techniques to diminish the necessity for restraint and seclusion. As a result, the following evidence based question was formulated: How would educating nurses and mental health technicians on verbal de-escalation techniques increase staff knowledge and willingness to use these strategies, ultimately decreasing the use of restraint and seclusion in a mental health facility?

## **Project Design and Staff Members**

Ten staff members working in a mental health facility were selected to participate in an evidence-based quality improvement initiative. The 10 staff members were then given a pretraining quiz. The pretraining quiz consisted of five questions. The first question focused on assessing whether the staff members knew the role of de-escalation in a psychiatric setting. The second question required the staff members to identify a verbal de-escalation technique. The third question used a 5-point Likert scale to evaluate the staff members' confidence in using de-escalation techniques. The fourth question assessed the consequences of improper use of restraint and seclusion. The final question required staff members to choose two trauma-informed care strategies that can prevent aggressive patient behavior.

Each staff member completed the pretraining quiz individually. The answers to the test were kept private, and no names were used on the quiz. Each staff member was assigned a number for coding purposes. After the pretraining quiz, a presentation to teach the staff verbal de-escalation techniques was conducted.

The staff members were trained using a thematic technique. For instance, the staff members were trained on common triggers of escalation, strategies for early intervention, use of the “I” statement effectively, active listening techniques, and setting boundaries respectfully (Baby et al, 2018). The training also included a case study analysis of a successful de-escalation and a role-playing activity where staff members were divided into three groups. They were assigned real-life scenarios involving an escalating situation and asked to use the techniques learned to de-escalate the situation.

The staff members rotated roles so that each could experience both the staff and the patient perspectives. After this, there was a discussion on the techniques which worked during the role-playing activity and the areas for improvement. Following this, peer feedback on communication and approach was collected from the staff members. From the feedback on communication, several conclusions were made on barriers to effective communication between patients and staff. One of them was assumptions and biases where the staff misinterpreted patient behavior. Another finding was that there had not been enough training on how to use de-escalation techniques before. Staff also cited that the high workload was another barrier to effective communication with patients. It was also discovered that there was an inconsistency in de-escalation techniques that were not uniformly applied. Following this, the staff were educated on the importance of self-care. Self-care is crucial for mental health technicians and registered nurses in psychiatric environments due to the emotionally taxing nature of their work, which heightens the risk of burnout, compassion fatigue, and diminished therapeutic efficacy (Melnyk & Fineout-Overholt, 2022). Consistent self-care bolsters emotional resilience, facilitates safe patient care via enhanced decision-making, and cultivates more robust therapeutic partnerships. Additionally, it exemplifies appropriate coping mechanisms for patients and enhances job satisfaction and staff retention (Melnyk & Fineout-Overholt, 2022).

Finally, the staff members conducted the posttraining quiz to assess their learning progress and compare it with pretraining results to evaluate improvement. The posttraining quiz consisted of five questions to assess staff understanding of de-escalation, willingness to apply techniques, proper documentation, and use of trauma-informed care strategies in practice.

### **Data Collection and Analysis**

Data was collected from the pre-and posttraining assessment and presented using table format to assess whether there was an improvement in knowledge from the training program. The results of each question, excluding question three, were taken and totaled for each staff member. The results were then analyzed using the paired  $t$  test.

Question three was then used to assess how comfortable the staff members were with the de-escalation techniques learned by analyzing their confidence using the paired  $t$  test. A paired  $t$  test was also used to assess the staff willingness to use the de-escalation techniques learned.

### **Results**

#### **Knowledge Improvement Posttraining**

Table 1 below shows the results of the pre and post training scores excluding question three in both pre and post-training quiz. To investigate whether there was some improvement in knowledge, a paired  $t$ -test was calculated for the data.

**Table 1***Pre- and Posttraining Quiz Scores*

Participating staff members	Pretraining score	Posttraining score	Difference
1	3	5	2
2	2	4	2
3	3	5	2
4	1	3	2
5	2	5	3
6	3	5	2
7	2	4	2
8	1	4	3
9	2	4	2
10	3	5	2
<i>M</i>	2.2	4.4	2.2

**Paired *t* Test**

Table 1 presents the change in knowledge of de-escalation techniques among the 10 staff members. To determine whether the improvement was statistically significant, a paired *t* test was carried out on the change in mean scores. The results are presented in Table 2.

**Table 2***Paired *t* Test Results*

Difference	2.2
Standard error	0.333
<i>p</i> value	0.000003629482491
<i>t</i> statistic	6.6
<i>df</i>	18
Significance level	$p < .001$

From the results, since  $p < .001$  concluded that there was a statistically significant improvement in knowledge from the staff members after the training.

### **Changes in Confidence Levels in Using De-escalation Techniques**

It was important to understand how comfortable the staff members were with using de-escalation techniques. This was done during the posttraining. By analyzing the participants answers to Question 3 of the posttraining quiz, I was possible to see the overall confidence level of the staff members. The score ranged from 1 (Not at all comfortable) to the highest 5 (Very comfortable; See Table 3).

**Table 3***Confidence in Applying De-escalation Techniques*

Participating staff members	Pretraining confidence	Posttraining willingness	Difference
1	3	5	2
2	2	4	2
3	3	5	2
4	1	4	3
5	2	5	3
6	3	5	2
7	2	4	2
8	1	4	3
9	2	4	2
10	3	5	2
<i>M</i>	2.2	4.5	2.3

The  $p$  value was significant at  $p < .001$ ; therefore, concluded that the improvement in confidence posttraining was statistically significant.

**Willingness to Apply De-escalation Techniques**

To assess the willingness of the staff members in applying the de-escalation techniques, a 5-point Likert scale was used to determine how willing the staff members were to use the de-escalation techniques, with the scores ranging from 1 (Not at all willing) to the highest 5 (Very willing). Scores are shown in Table 4.

- 1 (Not at all willing)
- 2 (Somewhat unwilling)
- 3 (Neutral)
- 4 (Somewhat willing)
- 5 (Very willing)

**Table 4***Willingness to Apply De-escalation Techniques*

Participating staff members	Pretraining willingness	Posttraining willingness	Difference
1	3	5	2
2	2	4	2
3	3	5	2
4	1	4	3
5	2	5	3
6	3	5	2
7	2	4	2
8	1	4	3
9	2	4	2
10	3	5	2
<i>M</i>	2.2	4.5	2.3

To investigate the willingness of the staff members to use the de-escalation techniques, a paired *t* test was conducted to determine whether the changes observed during the posttraining were statistically significant.

From the results, since  $p < .001$ , the changes in willingness to use de-escalation techniques were statistically significant. Hence, it was concluded that the training had a significant impact on the willingness of the staff members to use de-escalation techniques.

### **Effectiveness of Trauma-Informed Care Strategies**

To reduce aggressive patient behavior, there are a number of trauma-informed care strategies that can be used by nurses and mental health technicians. In this staff training project, staff members were asked pretraining and posttraining the trauma-

informed care strategies that they would use to prevent aggressive patient behavior. Table 5 below shows the results of staff members' responses.

**Table 5**

*Adoption of Trauma-Informed Strategies*

Strategy	Pretraining selection	Posttraining selection	Change	% of Change
Establishing trust and rapport	5	9	4	+80% Increase
Encouraging open communication	0	10	10	+100% Increase
Using restrictive interventions	3	1	-2	-66.7% decrease
Ignoring distress signs	2	0	-2	-100% decrease

From Table 5, prior to the training, none of the staff members were aware that encouraging open communication was one of the most effective strategies in reducing aggressive patient behavior. Also, three of the staff members cited that they would use restrictive interventions, which shows that there is still a gap in staff training on restraint and seclusion in reducing aggressive patient behavior.

Posttraining results showed an improvement in knowledge of trauma-informed care strategies that help reduce patient-aggressive behavior. The data show that 10 staff members chose to encourage open communication, and 9 staff members also chose to establish trust and rapport.

**Restraint and Seclusion Incidents**

Before the staff education training, the number of restraint and seclusion incidents were recorded by the organization. One month after the training number of restraints and seclusion data was again collected by the organization. This data was then compared to

the number of restraint and seclusion incidents one month prior to the training. Table 6 below shows the results.

**Table 6**

*Changes in Restraint and Seclusion Incidents as Recorded by the Organization*

Time interval	Before training ( <i>N</i> incidents)	After training ( <i>N</i> incidents)
Day 1-7	15	10
Day 7-14	12	7
Day 14-30	18	9
Total	45	26
% Reduction		-42%

From Table 6 it is clear that after 1 month of training there was improvement in reduction of the number of restraint and seclusion incidents (42% reduction).

### **Conclusions**

This staff education initiative revealed that instructing staff in verbal de-escalation techniques is essential for mitigating restraint and seclusion incidents resulting from hostile patient conduct. The project's findings indicated that employing verbal de-escalation to manage violent patients positively affects the organization. The implementation of de-escalation tactics has resulted in a 42% reduction in incidents of restraint and isolation. Moreover, there is an improvement in staff confidence while managing violent patients. Ultimately, an improved patient-staff connection diminishes the complaints directed at the staff.

Furthermore, the outcomes of this project indicate that staff should undergo training on verbal de-escalation when they are hired. Verbal de-escalation serves as a feasible and efficacious alternative to physical restraint in psychiatric environments. This

initiative facilitates the incorporation of de-escalation training into employee onboarding and ongoing education. Leadership commitment is crucial for establishing environments devoid of constraints that emphasize patient dignity and worker safety.

## References

- Baby, M., Gale, C., & Swain, N. (2018). Communication skills training in the management of patient aggression and violence in healthcare. *Aggression and violent behavior, 39*, 67-82.
- Gaynes, B. N., Brown, C. L., Lux, L. J., Brownley, K. A., Van Dorn, R. A., Edlund, M. J., Coker-Schwimmer, E., WAeber, R. P., Sheitman, B., Zarzar, T., Viswanathan, M., & Lohr, K. N. (2017). Preventing and de-escalating aggressive behavior among adult psychiatric patients: A systematic review of the evidence. *Psychiatric Services, 68*(8), 819–831. <https://doi.org/10.1176/appi.ps.201600314>
- Kelly, P., Saab, M. M., Hurley, E. J., Heffernan, S., Goodwin, J., Mulud, Z. A., ... & O'Donovan, A. (2023). Trauma informed interventions to reduce seclusion, restraint and restrictive practices amongst staff caring for children and adolescents with challenging behaviours: A systematic review. *Journal of Child & Adolescent Trauma, 16*(3), 629–647. <https://doi.org/10.1007/s40653-023-00542>
- Kim, J., & Nam, S. H. (2024). Experiences of restrictive interventions in psychiatric health care from the perspectives of patients and health care professionals: Meta-synthesis of qualitative evidence. *Journal of Psychiatric and Mental Health Nursing, 31*(6), 1187-1201.
- Maguire, D., & Taylor, J. (2019). A systematic review on implementing education and training on trauma-informed care to nurses in forensic mental health settings. *Journal of Forensic Nursing, 15*(4), 242-249.

Masters, K. J., & Bellonci, C. (2002). Practice parameter for the prevention and management of aggressive behavior in child and adolescent psychiatric institutions, with special reference to seclusion and restraint. *Journal of the American Academy of Child & Adolescent Psychiatry, 41*(2), 4S-25S.

Melnyk, B. M., & Fineout-Overholt, E. (2022). *Evidence-based practice in nursing & healthcare: A guide to best practice*. Lippincott Williams & Wilkins.