

The Dynamic Appraisal of Situational Aggression

Background

- ⌘ Current tool having limited predictive power as to *when* a patient would be aggressive.
- ⌘ Change in demographic of SECU patients.
- ⌘ Increase in staff anxiety about being able to adequately identify the risk of future aggression.

Background II

- ⌘ Staff requested training in how to treat a changed demographic of complex, volatile patients with a forensic history.
- ⌘ Ballarat Mental Health Services Creating Safety Committee had identified that staff needed training in:
 - ⌘ Managing unpredictable/impulsive behaviour.
 - ⌘ How to deal with fear of saying no to patients.
 - ⌘ Risk management plans: putting into practice/sticking to the plan, how to maintain consistency.
 - ⌘ DASA assessment tool

The DASA

- ⌘ Short for the Dynamic Appraisal of Situational Aggression.
- ⌘ Is a risk assessment tool that predicts the likelihood of aggression over a very short time period (24hrs).
- ⌘ Research shows that compared with similar tools it has a higher predictive validity.
- ⌘ The DASA assessment tool is based on the structured clinical judgement model, which is consistent with the Harm To Others risk assessment.

Implementing the DASA into SECU

The DASA was implemented into SECU to:

- ∞ Improve the capacity of staff in SECU being clearly able to identify and respond effectively to risks of future aggression from the patient cohort.

With the outcome of:

- ∞ Reducing incidents of aggression/Harm To Others and seclusion.
- ∞ Increased confidence and competence of staff in adequately identifying the risks of future aggression.
- ∞ Increased safety for both staff and patients

Implementing the DASA into SECU

- ⌘ Training
- ⌘ Ward Documents
- ⌘ Implementation
- ⌘ Supervision
- ⌘ Evaluation of Implementation

Training

- ⌘ Staff attended a one day workshop on 'Risk assessment in psychiatric hospitals: The Dynamic Appraisal of Situational Aggression.
- ⌘ Topics included:
 - ⌘ Violence within psychiatric hospitals
 - ⌘ Violence risk assessment
 - ⌘ The advantages and limitations of different risk assessment approaches
 - ⌘ The DASA
 - ⌘ Using the DASA and preventing violence

Ward Documents

Ward documents were created that explained:

- ⌘ how to score the DASA
- ⌘ each item on the DASA
- ⌘ who to assess with the DASA
- ⌘ Tools required
- ⌘ How it is to be used in the clinical setting

Implementation

- ⌘ The DASA was implemented with one patient who had high harm to others risk on the 3rd of September 2012, this was extended to another identified patient on the 27th September 2012.
- ⌘ The DASA was implemented across the ward where clinically required from the 3rd of December 2012.

Implementation II

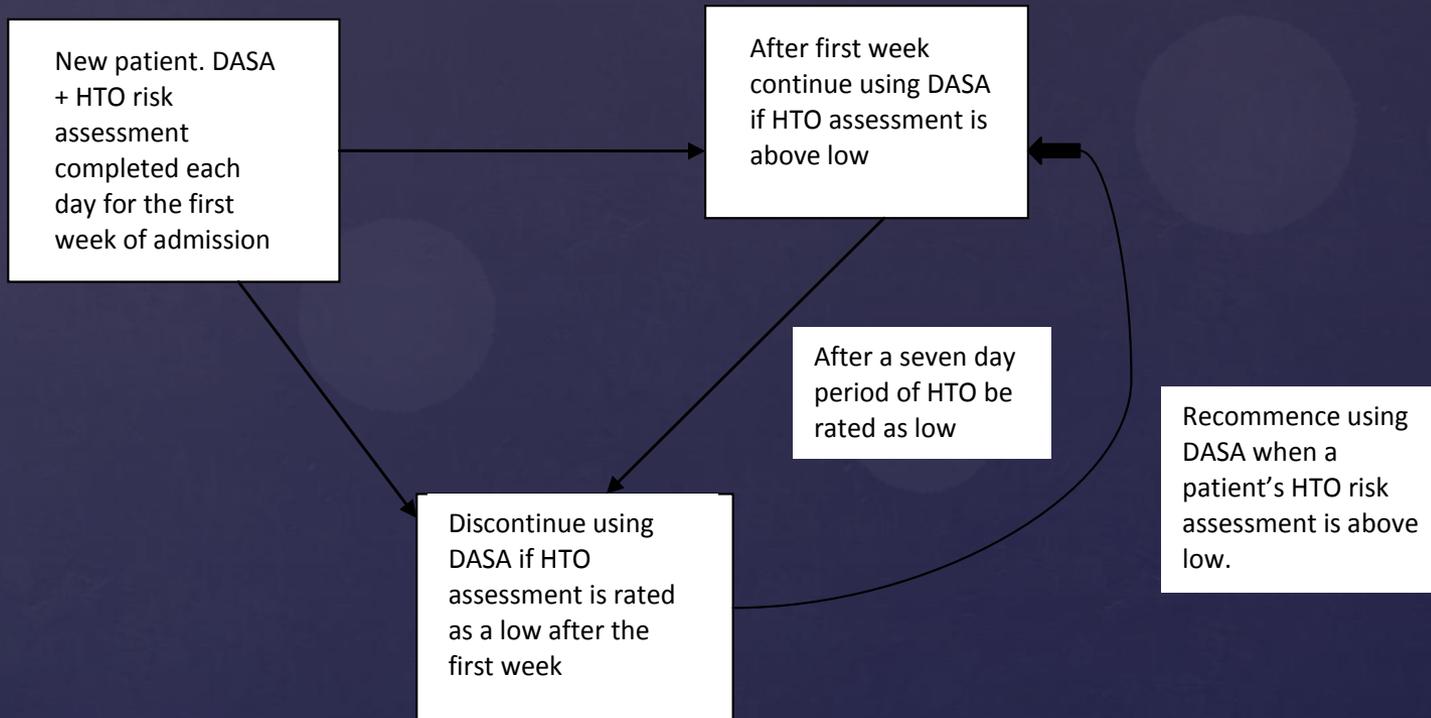


Figure 1. Implementation of the DASA with new patients

Implementation III

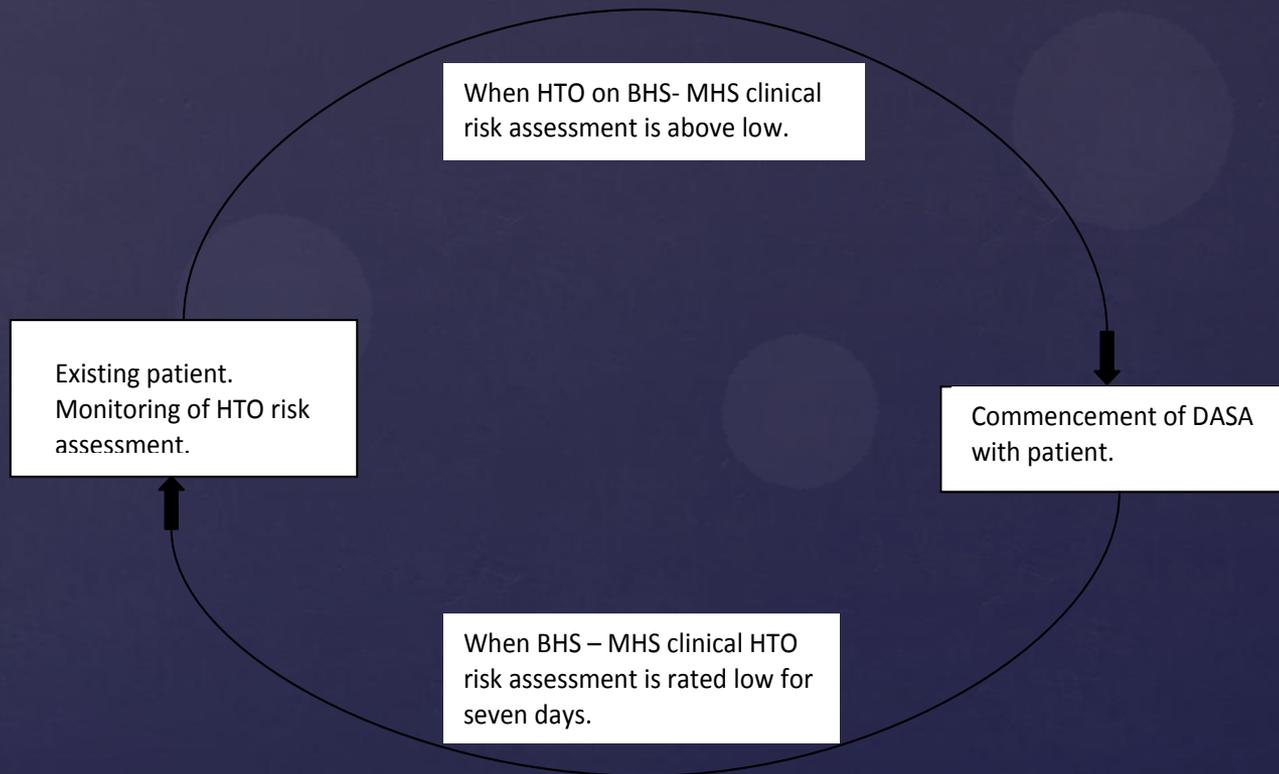


Figure 2. Implementation of the DASA with existing patients

Supervision

- ⌘ Supervision was offered to the Nurse Unit Manager and shift leaders in SECU by Associate Professor Michael Daffern from Forensicare to provide support in implementing the DASA.
- ⌘ Three sessions were held, with each session lasting for one hour.

Evaluation

Evaluation occurred through:

- ∞ Comparison of VHIMS Harm to Others incidents for 6 months prior and post implementation.
- ∞ Comparison of Seclusion episodes for the same time period.
- ∞ Likert Self Rating Staff questionnaire administered before and after training, with a 10 month follow up

Evaluation II

VHIMS data for the two identified patients

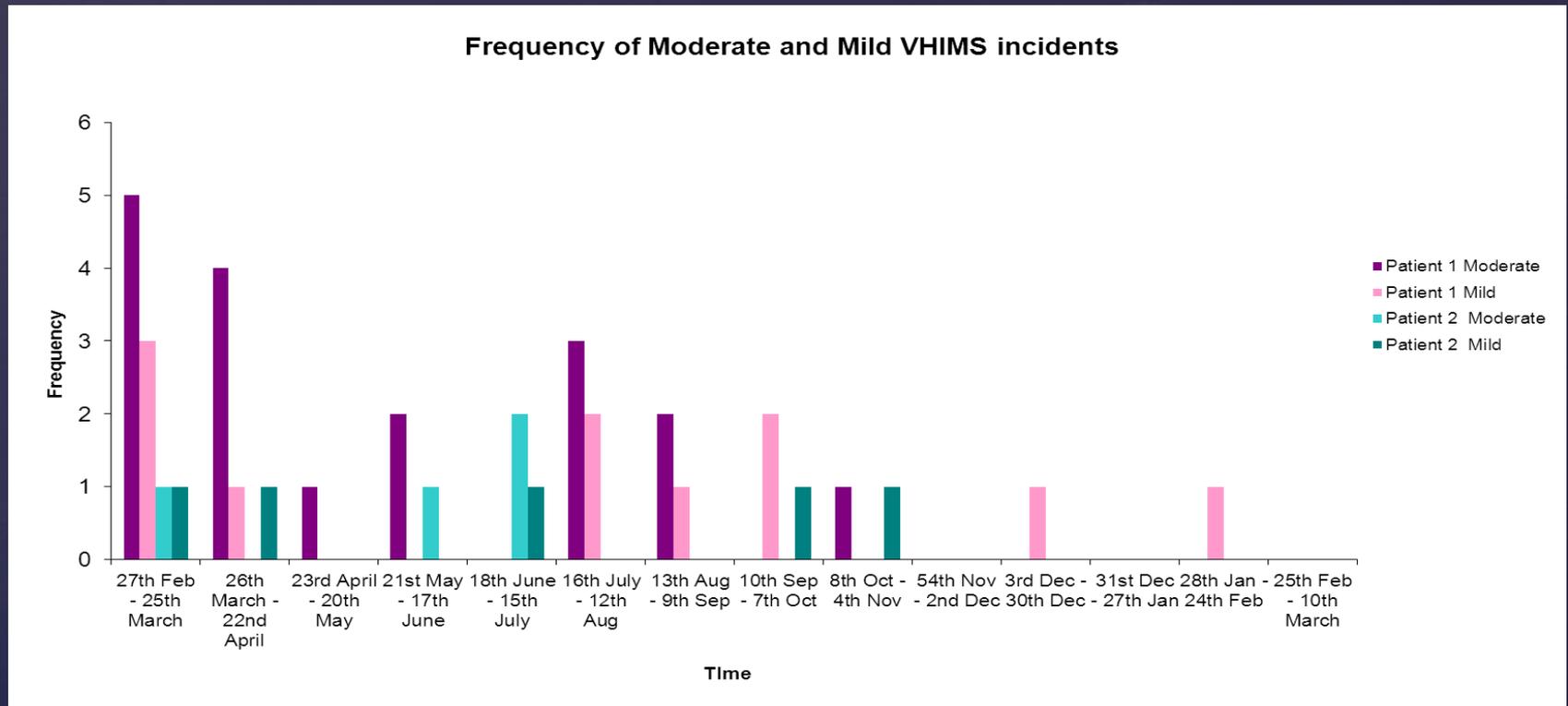


Figure 3. Frequency of Moderate and Mild VHIMS incidents for Patient 1 and Patient 2 from the 27/2/2012 till 10/3/2013. The DASA was introduced with Patient 1 on the 3/9/2012 and with Patient 2 on the 27/9/2012.

Evaluation III

VHIMS data for entire ward

Frequency of Moderate and Mild Harm to Others Incidents for Whole Unit

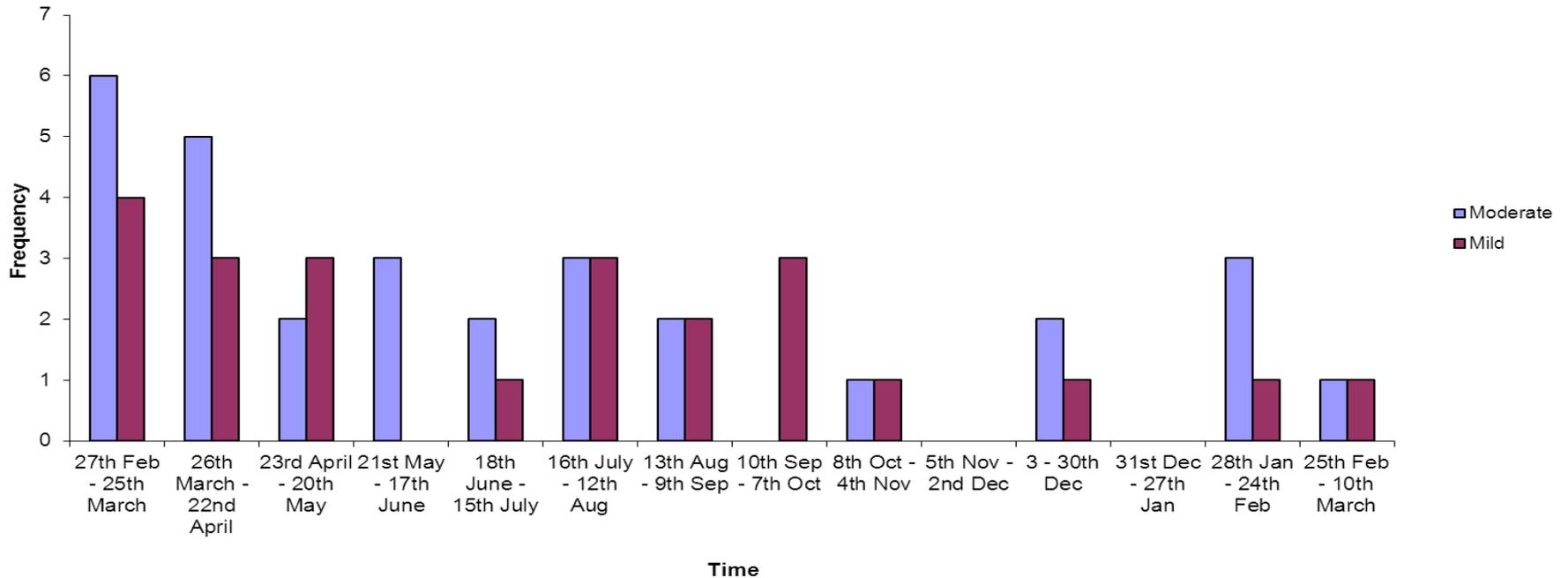


Figure 4. Frequency of Moderate and Mild VHIMS incidents for the SECU ward from the 27/2/2012 till the 10/3/ 2013. The DASA was used across the entire ward from the 3/12/2012.

Evaluation IV

Seclusion episodes for the two identified patients

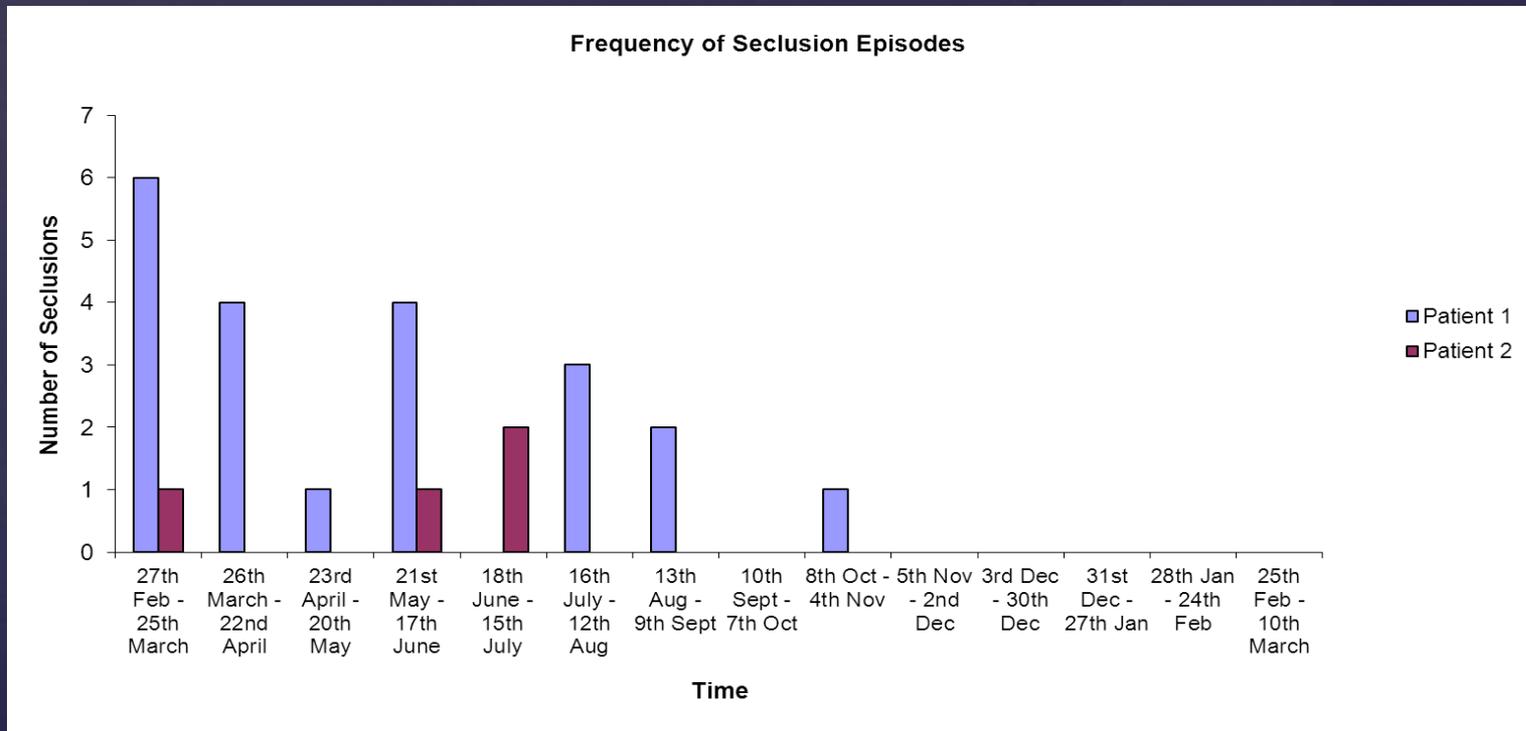


Figure 5. Frequency of seclusion episodes for two patients from the 27/2/2012 till the 10/9/2013. The DASA was introduced with Patient 1 on the 3/9/2012 and with Patient 2 on the 27/9/2012.

Evaluation V

Seclusion episodes for entire ward

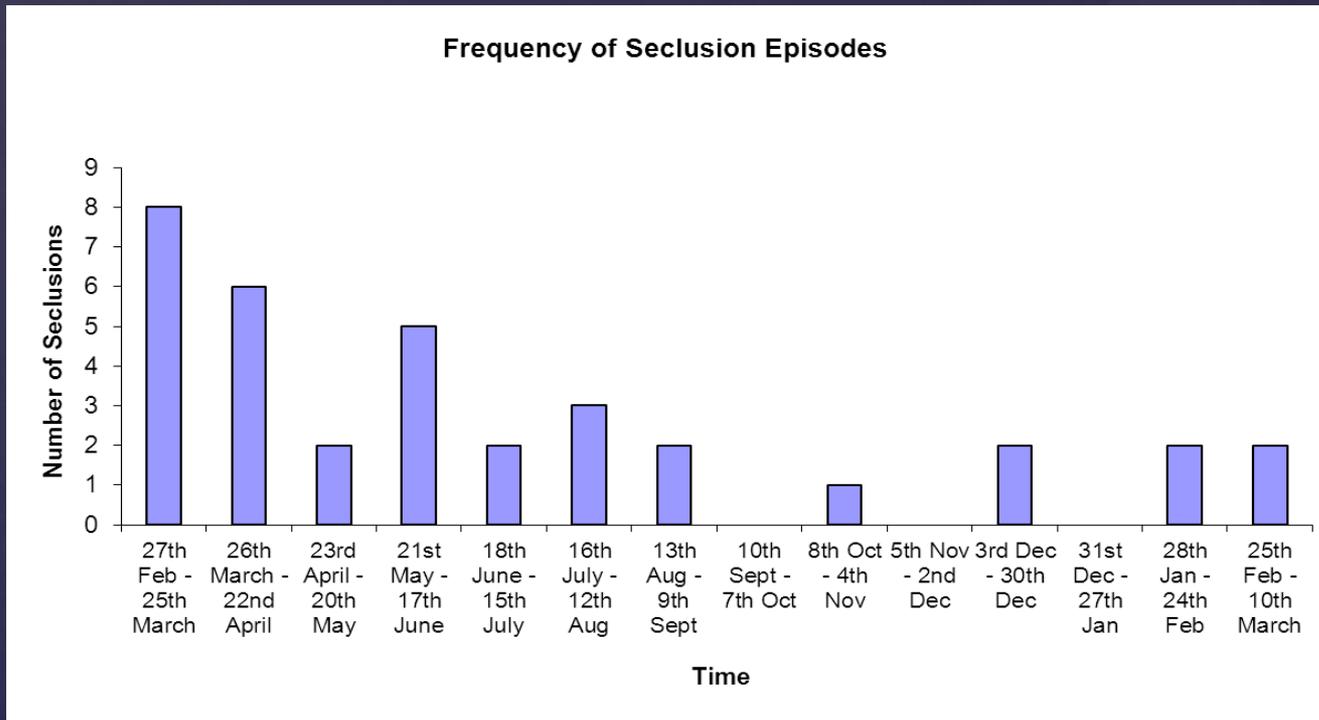


Figure 6. Frequency of seclusions for the SECU ward from the 27/2/2012 to the 10/3/2013. DASA was used across the entire ward from the 3/12/2012.

Evaluation VI

Table 1.

Means (and standard deviations) for the total skill score and scores for each skill item on the questionnaire pre and post training.

	Pre (N = 35)	Post (N = 35)
Skill Item 1: Irritability	3.80 (.797)	4.34 (.684)
Skill Item 2: Impulsivity	3.21 (1.02)	3.94 (.827)
Skill Item 3: Unwillingness to follow direction	3.91 (.900)	4.24 (.699)
Skill Item 4: A Patient's sensitivity to perceived provocation	3.54 (1.01)	4.11 (.832)
Skill Item 5: Patient's being easily angered when requests are denied	4.06 (.938)	4.37 (.690)
Skill Item 6: Negative attitudes	3.76 (.781)	4.24 (.654)
Skill Item 7: Verbal threats	4.15 (1.07)	4.44 (.894)
Total Overall Skill Score	26.1 (5.39)	29.4 (3.92)

Evaluation VII

The results of the staff questionnaire showed that there was increase in each skill item and overall skill score between pre and post training. Further analysis demonstrated that this increase was statistically significant for skill item one, $t(34) = 3.01$, $p = .005$, skill item two, $t(32) = 3.9$, $p = <.001$, skill item four, $t(34) = 2.71$, $p = .01$, skill item six, , $t(33) = 3.18$, $p = .003$, and overall skill score, , $t(34) = 3.27$, $p = .002$.

Evaluation VIII

Staff were given the same questionnaire at 10 months following the DASA training.

Table 2.

Means (and standard deviations) for total skill score and scores for each skill item on the questionnaire at pre, post and 10 month follow up.

	Time		
	Pre (N = 35)	Post (N = 35)	10 Month Follow Up (N = 17)
Skill Item 1: Irritability	3.80 (.797)	4.34 (.684)	4.47 (.874)
Skill Item 2: Impulsivity	3.21 (1.02)	3.94 (.827)	4.12 (.957)
Skill Item 3: Unwillingness to follow direction	3.91 (.900)	4.24 (.699)	4.59 (.870)
Skill Item 4: A patient's sensitivity to perceived provocation	3.54 (1.01)	4.11 (.832)	4.18 (.883)
Skill Item 5: Patient's being easily angered when requests are denied	4.06 (.938)	4.37 (.690)	4.47 (.800)
Skill Item 6: Negative attitudes	3.76 (.781)	4.24 (.654)	4.47 (.800)
Skill Item 7: Verbal threats	4.15 (1.07)	4.44 (.894)	4.94 (.899)
Total Overall Skill Score	26.1 (5.39)	29.4 (3.92)	31.0 (4.83)

Conclusion

- ⌘ Using structured assessment tools has taken out the subjectivity of conducting risk assessments with complex and volatile patients.
- ⌘ Training on the DASA lead to an increase in the skills of staff in identifying risks of future aggression.
- ⌘ We attribute the implementation of the DASA as being one of the *possible* factors for the decrease in moderate and mild VHIMS incidents and seclusion episodes.

Recommendations

We make three recommendations to ensure the long term sustainability of the DASA being used in SECU:

1. Continuing DASA refreshers and training new staff.
2. Updating the Inpatient Clinical Risk Assessment and Management CPG to incorporate the use of the DASA.
3. Include the DASA in the TIMs being developed for inpatient units.