

Multidisciplinary Approach to Enhancing Safety and Care for Pediatric Behavioral Health Patients in Acute Medical Settings

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KEYWORDS

- Security • Behavioral health • Emergency • Child life • Multidisciplinary teams
- Agitation • Simulation • Behavioral response team

KEY POINTS

- Behavioral response teams support patients and the medical team by providing expert guidance and assistance in treatment planning and during behavioral crises.
- Security department training focusing on recognizing early signs of agitation and developmental aspects of communication enhances patient and staff safety.
- Child life specialists support patients during their crisis visit, enhances coping skills, and prepares patients and families for procedures and admission using developmentally appropriate therapeutic activities.
- Dialectical behavioral therapy training for emergency department staff helps staff better understand emotional dysregulation and how to coach and support patients during their crisis visit.
- Agitation management simulations increase staff and trainee comfort and preparedness to work with agitated patients.

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INTRODUCTION

Pediatric patients in behavioral health crises account for 5% of all pediatric emergency department (ED) visits and have doubled in the last 15 years.¹⁻³ The most common psychiatric diagnoses seen in the emergency setting are oppositional defiant disorder, depressive disorder, attention-deficit hyperactivity disorder, nonsuicidal self-injury, and suicide attempts.³ EDs and medical inpatient units are anxiety-provoking for children owing to unfamiliar and often overwhelming environmental stimuli, pain, and loss of control, which can potentially trigger behavioral outbursts.⁴ Agitation is triggered by anxiety, mood disorders, delirium, suicidal threats, disruptive behaviors, and alcohol or drug withdrawal. There are 1.7 million ED visits for agitation involving all diagnoses annually.⁵ Treating patients with agitation is challenging because it threatens the safety of staff and patients. Agitated patients account for significant staff injuries and disability. In a survey across 65 EDs, 25% of ED staff reported feeling safe at work, "sometimes," "rarely," or "never."⁶ In addition, the 2010 Emergency Nurses Association study on violence in the workplace reported that more than half of emergency nurses had been verbally or physically threatened at work within the preceding 7 days.⁷ When facing an agitated pediatric patient, medical care providers often interact with them as if they were adults. Pediatric patients process information differently from adults, which affects their behaviors, especially during emotionally charged interactions, leading to erratic responses at times. Deescalating agitated children necessitates a neurodevelopmentally sensitive approach that considers the child's abilities, the time they require to process information, their need to have instructions repeated in a developmentally appropriate manner, and understanding that they often benefit from explanations, alternatives, and consequences.⁸

Staff members in acute medical settings often have difficulties caring for patients with various behavioral health issues. It has been shown that patients with self-injurious behaviors and suicidality, as well as patients' substance abuse issues, pose the biggest challenge to emergency care providers.⁹ Despite the increasing number of mental health ED visits and decades of recommendations to improve the education of pediatric and emergency medicine residents regarding mental health issues, about 65% of pediatricians surveyed by the American Academy of Pediatrics indicated that they lacked training in recognizing and treating mental health problems.¹⁰ Also, in the American Board of Emergency Medicine board certification examination, 4% or less of the questions pertain to behavioral issues.¹¹ Staff working in acute medical settings may not have the skills needed to recognize warning signs of escalating behavior or to deescalate potentially unsafe behavior.¹²

Several strategies may improve the quality of behavioral health care in the acute medical setting. These can include staff education, utilization of various deescalation techniques, and ensuring availability of specialized resources. This article describes multidisciplinary initiatives from 3 academic centers, each developed to improve how agitation and behavioral health patients are managed in acute pediatric settings. Boston Children's Hospital (BCH) has implemented the Behavioral Response Team (BRT), which is a consultative rapid response and supportive resource consisting of registered nurses and a milieu counselor with experience managing acute psychiatric disorders and agitation. The team works closely with physicians, social workers, and security officers in the ongoing and crisis care of patients with behavioral health needs.^{13,14} At the Connecticut Children's Hospital, security team training initiatives include management of agitation in children, which has yielded improved outcomes. Northwell Health's Cohen Children's Medical Center has 3 relevant programs. First, child life specialists enhance and support the care of pediatric patients presenting

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