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Post-incident treatment following coercive measures: a Delphi study

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Background

Coercive measures may traumatize patients and may disturb their relationship to carers. To maintain a good therapeutic relationship and to help avoid future coercion carers should address the aftermath of coercion with the patients involved. Much variation exists regarding post-incident treatment and Swiss data show that only about 30% of patients receive such treatment. Thus, the study objective was to ascertain the possible content of post-incident treatment.

Methods

A Delphi study including 28 psychiatric professionals (nurses, psychologists, psychiatrists) was conducted. The major themes presented in the first round were: terminology, objectives, timing, content, necessity, contra-indications and exemption, carer responsibility, atmospheric aspects, recording, and general remarks.

Results

22 (79%) of the surveyed institutions have no guidelines regarding post-incident treatment and in the hospitals with guidelines only 3 (50%) use them systematically. After three Delphi rounds a positive consensus was established on the following themes: Professionals view post-incident treatment as supportive and helpful in helping to cope with trauma, to promote the patient-carer relationship, and to help prevent future coercion. Trying to convince patients of the justification of the coercive measures or using the post-incident treatment to debrief personnel were consensually rejected. No consensus was established e.g. on the "right" time or the frequency for the post-incident treatment or on regarding possible re-traumatisation of patients as a contraindication for post-incident treatment.

Conclusion

Post-incident treatment is generally viewed as helpful although some details are difficult to regulate (timing, possible re-traumatisation). Minimal standards/guidelines could possibly motivate carers to increase the number of post-incident treatment. However, the expert opinion established on post-incident treatment must be subjected to empirical testing.